TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mer death. Page 6 may be retained by the hospital	TO THE FUNER. ** DIRECTOR* After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 5 should be detached for be filed within hours after Jeath with the State Dead, of Health and Mental Hydiens prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is rearked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MAR	YLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
	CERTIFICATE	OF DEATH	REG. NO.

FOR STATE REGISTRAR	STATE OF M	ARYLAND / E		MENT OF H		MENTA	L HYGIENI REG. NO.	E	V.	
1. OECEDENT'S NAME (First, Mid FRANCIS		FFER				2. DATE MONTE	of DEATH	1990	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 215-01-9050	1 🛣 M 2 🗌 F	6. AGE (In yrs. last b	- //	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Monti	of BIRTH h, Day, Year) 19, 18	8	Country	yland
	ty Memorial H	ospital	9		land	EATN		9c. COUNT	rofbe	
Maryland	Garrett		10c. CITY, 1	TOWN OR LOCAT	land					10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 609 E. Ald	er Street			101	21550					HAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Mer 3 Widowed 4 Olvorced	IF YES, GIVE WA	YES 2 NO	ED	If yes, sp	ENDENT OF NISPA ecity Cuban, Mexic 2 NO Speci	an, Puerto I			4. RACE	- American Indian, White, atc.
15. DECEDE (Specify only hig Elementery/Secondery (0-12)	NT'S EOUCATION hasi grade completed) College (1-4 or 5 +)	(Give	EDENT'S US kind of wor to NOT use of S Mar		ON st of working	16b	KINO OF BUS	iness/inous		
17. FATNER'S NAME (First, Middle Anthony	Shaffer				18. MOTNER'S N. Julia		Middle, Meiden : Harsch			
190. INFORMANT'S NAME (Type/ Michael Melo		37	7 St.	Cloud		eyseı	c, W. T	Va. 2	2672	
20a, METNOD OF DISPOSITION 1 XX Burlal 2 Cremation 4 Donation 5 Other (Spa	natfy)	20b. PLACE OF other place Oak	land	Cemete	netery, cremetory or TY ND ADDRESS OF F.			Daklar		m, State Maryland
23. PART I. Enter the disecshock, pr heart IMMEDIATE CAUSE (Finel disease or condition resulting in death)	pees, or complications that it fallure. List only one cause of the complete of	e Dn each line.	th. Do not							d. 21550 Approximate Interval Betwee Onset and Deat
Sequentially list condition if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	b	OR AS A CONSEQU	ENCE OF):							
PART II. Other algorificant	conditions contributing to	deeth but not res	ulting in	the underlyin	g cause given in	Part t.	24s. WAS AN PERFOR 1 VES 2	MED?		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEXAMINER?	HOSPITAL:			THER:	LACE OF DEATH (C					
27. MANNER OF DEATN 1 Notural 5 Pon		NJURY	28b. TIME (OF 28c. IN.	NO 8 Recidence PURY AT DRK? YES 2 NO	7	F (Specify) SCRIBE NOW IF	NJURY OCCU	RED	
3 Suicide 6 Cou	etigation id not be immined 28e. PLACE OF building, of	INJURY — At hometre. (Specify)	e, ferm, stre	eet, factory, offic	•	281. LOC City	CATION (Street a or Town, State)	and Number o	r Rural A	oute Number,
opel -	ING PNYSICIAN: To the best of ex.									end manner ee stated.
29b. SIGNATURE AND TITLE OF	CERTIFIED COM	,			29c. LICENSE NU				SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PE Robert Cough				, W. Va	. 2671	5				
JUL 1 0 '90		S SIGNATURE	de la companya del companya de la companya del companya de la comp							

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the medical examiner must be notified at once.

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complime to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crember the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crember the complex properties of the properties of the complex properties of the properties	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event,
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						DEA		2. DAT	REG. NO.			3. TIME OF DEATH										
JOSEPH WILLI	AM SNI	DER						JU	LY 24	, 19	90	4:00 an										
4. SOCIAL SECURITY NUMBER	5. SEX 1X M 2 F	6. AGE (In yrs. In:	st birthday) YRS.	AF UNDER	1 YEAR DAYS	IF UNDE	R 24 HRS.	7. DAT (Mo	E OF BIRTH nth, Day, Year)	190	8. BIRTHP Country)	RYLAND										
176-07-8944 9a. FACILITY NAME (If not institution, give si	reet and number)			9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH													
67 GEORGE STR	EET			TANEYTOWN						CA	RROL	L										
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			T 10c CIT	CITY, TOWN OR LOCATION							I	10d. INSIDE CITY										
MARYLAND CAR	ROLL			TANEYTOWN 101. ZIP CODE								LIMITS7										
67 GEORGE STR	EET			21787							USA	HAT COUNTRY?										
11. MARITAL STATUS 1XXVever Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W WW	YES 2 AR OR DATES	RMED		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specifity as, specify Cuban, Maxican, Puarto Rican, atc 1 TYES ZY No Specify:						American Indian, White, etc.											
15. DECEDENT'S EDUC	CATION	16a, Di	CEDENT'S	USUAL O	CCUPATIO	ON	-	1	8b. KIND OF BUS	SINESS/INI		CASIAN										
(Sheekind of work done during most of working College (1-4 or 5+) Sth Sth FACTORY WORKER RUBBER PRODITION										ODUC	TS											
17. FATHER'S NAME (First, Middle, Last)							HER'S NA	_	, Middle, Maiden		0000											
WILLIAM A. SN	IDER							-	ABETH		NKNO	WN)										
19a. INFORMANT'S NAME (Type/Print)			_						mber, City or Tow													
KATHRYN JONES 20a, METHOD OF DISPOSITION						ON R		W	_			D 21157										
20s. METHOD OF DISPOSITION One of Committee Commi																						
21. SIGNATURE OF FUNERAL SERVICE LOCATION 122. NAME AND ADDRESS OF FACILITY 136 EAST BALTIMORE ST SKILES FUNERAL HOME TANEYTOWN, MD																						
23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiec or respiratory arrest, Approximate																						
shock, or haart fallure. List only one cause on each line.										Onset and Death												
resulting in death)	DUE TO	(OR AS A CONST	DUENCE O	F):		-	-		0 0	(_											
disease or condition resulting in death) a. A S C Y P arture solute Carly resultan disease DUE TO (OR AS A CONSTRUENCE OF): Chronic Objection Out. Disease If any, leading to immediate																						
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa DUE TO (OR AS A CONSEQUENCE OF):																						
resulting in death) LAST	d																					
PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? AMALABLE PRIOR TO												AMILABLE PRIOR TO COMPLETION OF CAUSE										
PART II. Other significent condition												OF DEATH?										
PART II. Other significant condition			1 TYES 2 THE																			
						105 05			1			25. WAS CASE REFERRED TO MEDICAL EXAMINER? ACCUMENT OF DEATH (Check only one)										
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ED/Outpetlant		OTHE	R:																	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH NO Natural 5 Pending	HOSPITAL: 1 □ Inpetient 2 □ 28a. DATE OF (Month, D	INJURY	28b. TIN	4 🗆 Nu	R: sing Hon 28c. IN. W	NO 5X R	asidence	6 🗆 01	one) ther (Specify) DESCRIBE HOW (NJURY OC	CURED											
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 28a. DATE OF (Month, D	INJURY	28b. TIM	4 - Nulle OF JURY	R: sing Hon 28c. IN. WC	NO 5X R	asidence	6 🗆 Ot	her (Specify)			oute Number,										
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH X Natural 5 Pending Investigation 3 Suicide 8 Could not be determined	1 Inpatient 2 28a. DATE OF (Month, D	INJURY ay, Yhar) IF INJURY — A1 h atc. (Specify)	28b. Till IN. ome, farm,	4 - Nulle OF JURY M	R: sing Hon 28c. IN. WC 1	IURY AT DRIK? YES 2 [NO	6 🗆 Ori 28d. E	ther (Specify) DESCRIBE HOW (DESCRI	and Numbe	r or Rural Ro	oute Number,										

WENIFREDO N. IGLESIA 49 FREDERICK STREET 32 REGISTEAN'S SIGNATURES Junia Day doon-Randall 31. DATE FILEO (Month, Day, Year)

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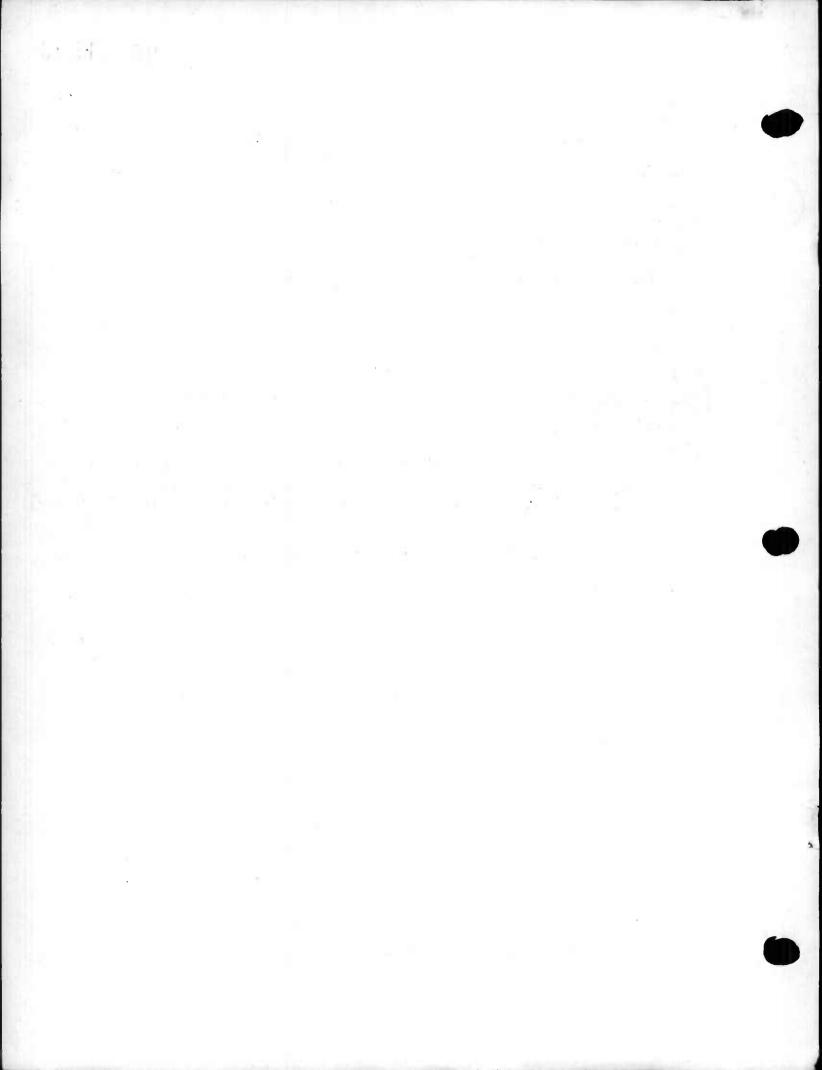
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 murs after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Year)

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4.5	1. DECEDENT'S NAME (First, Middle, Las	1)			·	J. DE/		2. DATE OF DEATH			3. TIME OF DEATN
	SARAH P.	SMITH	1					MONTH	DAY	YEAR	039 a. M
	4. SOCIAL SECURITY NUMBER	SEX SEX	6. AGE (In yrs. In	nat birthday)	IF UNDER 1 Y	AR IF UNDER	24 HRS	7. DATE OF BIRTH	1	10	PLACE (State or Foreign
1	The second second second	1 M 2 X F		YRS.		YS HOURS	MIN.	(Month, Day, Year		Countr	
	563 66 7666		8	S 1113.					-05	TOW	
	9a. FACILITY NAME (If not institution, give	street and number)			96. CITY, TO	WN OR LOCATI	ON OF DE	EATN	9c. COU	INTY OF D	EATH
0	RANDOLPH HILLS N	JURSING HO	ME .		- WI	HEATON			1	1/00	etganere
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	atv.		100 CIT	Y. TOWN OR L	OCATION					Administrative
2					,						100 INSIDE CITY LIMITS?
		gomery		Ga	ither						1 YES 2 NO
M	10e. STREET AND NUMBER					101. ZIP COD	E		10g. CIT	IZEN OF W	/NAT COUNTRY?
FUNERAL	21709 Glendalo	moh Road				2088	32		Ţ	JSA	
5	11. MARITAL STATUS	12. WAS DECEDED	NT EVER IN U.S. A	RMED	13. WAS	DECENDENT (OF NISPA	IIC ORIGIN? (Specify	Yea or No-	14. RACE	- American Indian, White, atc.
	1 Never Married 2 Married	IF YES, GIVE	MAR OR DATES	NO		YES 2 X NO		n, Puarto Rican, atc.)		Spec/	
ВУ	3√ Widowed 4 □ Divorced					21				WH	ITE
E .	15. DECEDENT'S EL (Specify only highest gra	DUCATION ide completedi	16a. E	ECEDENT'S	USUAL OCCU	PATION	na	16b. KIND OF	BUSINESS/IN	DUSTRY	
COMPLETED	Elamentary/Secondary (0-12)	College (1-4 pr 5	+)	fe. Do NOT us	se retired.)	ng most of worki					
Ы	12		Ho	usewi	fe						
O	17. FATNER'S NAME (First, Middle, Last)					18. MOT	HER'S NA	ME (First, Middle, Mai	den Surname)		
EC	Dan Clark Dani					()live	Sturtev	ant		
0	Roy Clark Paul 19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (S			Route Number, City or		In Code)	
5	Mary S. De Sin	none						ad, Gaith			20002
	20a. METNOD OF DISPOSITION	lone	205 81 40			of cometery, crei				_	
	1 Burial 2 Cremation 3 Re	amoval from State	other	place)					LOCATION -		
	4 Donation 5 Other (Specify) Metropolitan Crematory Alexandria, Va.										
	22. NAME AND ADDRESS OF FACILITY Francis J. Collins Funeral Home, Inc.										
	500 University Blvd. W. Sil. Spr. Md.20901										
	23. PART Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest.										
	shock, or heart failth	List only one ce	use on each ill	ne.		,			opiratory of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	10 h.	1	71 .	W.	.0	1	Dec			Onset and Death
	resulting in death)	a. Ans	We U	both		of we	nuon	eory / /se	28		10900
		OUE TO	OR AS A CONS	EOUENCE O	F):	7		/			
Z	Sequentially list conditions,	b						*			
E	If eny, leeding to immediate	DUE TO	OR AS A CONS	EOUENCE O	F):						
ERTIFICATION	CAUSE (Disease or Injury	C									
H	that initiated events	DUE TO	OR AS A CONS	EQUENCE O	F):						
	resulting in death) LAST	d									
HI.				-							
O	III DARWELL Oaken standstoned consider	one contributing to	deeth but not	resulting				Part I. 24a. WAS	AN AUTOPSY	248	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO
Ö	PART II. Other eignificent conditi				iii tiie uiiue	rlying ceuse	Siven in		FORMED?		
Ö	PART II. Other eignificent condit.				iii the dide	rlying ceuse	given in		11/4/65	1	COMPLETION OF CAUSE OF DEATH?
O	PART II. Other eignificent condit				in the dide	rlying ceuse	given in	PER	11/4/65	1	OF DEATH? 1 YES 2 NO
MEDICAL C	PART II. Other eignificent condit				in the thice	rlying ceuse	Siven in	PER	11/4/65	1	OF DEATH?
MEDICAL C	25. WAS CASE REFERRED TO MEDICAL				iii the dide	riying couse		1 TYE	11/4/65	1	OF DEATH?
MEDICAL C		HOSPITAL:	□ ER/Outpatient	3 🗆 DOA	отнел:	20: PLACE OF	DEATH (Ch	PER 1 YE	11/4/65	1	OF DEATH?
MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			-	OTHER:	20: PLACE OF (DEATH (Ch	PER 1 YE	S 20	CCURED	OF DEATH?
PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEOICAL EXAMINER? 1 YES 2 PAO 27. MANNEB OF DEATH 1 Natural 5 Pending	HOSPITAL: 1 Inpatient 2 28a. OATE O (Month,		28b. TIN	OTHER: 4 Office 18 OF 28	PLACE OF (DEATH (Ch	PER 1 YE	S 20	CCURED	OF DEATH?
BY PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	HOSPITAL: 1 Inpetient 2 28a, OATE O (Month,	F INJURY Day, Year)	28b. TIN	OTHER: 4 Offuraling NE OF 28	20: PLACE OF (DEATH (Ch	PER 1 YE	S 2 PROUNTING		OF DEATH? 1 YES 2 NO
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ED BY PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNEB OF DEATH 1 Natural 5 Pending Investigatio 3 Suicide 6 Could not to detarmined	HOSPITAL: 1 Inpetient 2 28a. OATE O (Month,) 28b. PLACE building	F INJURY Day, Year) OF INJURY At	28b. TIN	OTHER: 4 Offuraling NE OF 28	20: PLACE OF (DEATH (Ch	PER 1 YE 1 YE Other (Specify) 281. LOCATION (Sir	OW INJURY OF		OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation of the Could not	HOSPITAL: 1 Inpettent 2 28s. OATE 0 (Month, be 28s. PLACE building	FINJURY Day, Year) OF INJURY — At I I, etc. (Specify) of my knowledge,	28b. Till IN. home, farm,	OTHER: 4 Ormany HE OF 28 JURY M street, factory	Home 5 R L. INJURY AT WORK? YES 2 (office	DEATH (Chicaldenca NO	PER 1 VE 1 VE 1 VE Check only one) 6 Other (Specify) 28d. DESCRIBE HO City or Town, S to the cause(s) and	DW INJURY OCCUPATION OF ANY OCCUPATION OF ANY NUMBER OF AN	or or Rural i	OF DEATH? 1 YES 2 NO Route Number,
ED BY PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation of the Could not	HOSPITAL: 1 Inpettent 2 28s. OATE 0 (Month, be 28s. PLACE building	FINJURY Day, Year) OF INJURY — At I I, etc. (Specify) of my knowledge,	28b. Till IN. home, farm,	OTHER: 4 Ormany HE OF 28 JURY M street, factory	Home 5 R L. INJURY AT WORK? YES 2 (office	DEATH (Chicaldenca NO	PER 1 VE 1 VE 1 VE Check only one) 6 Other (Specify) 28d. DESCRIBE HO City or Town, S to the cause(s) and	DW INJURY OCCUPATION OF ANY OCCUPATION OF ANY NUMBER OF AN	or or Rural i	OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation of the Could not	HOSPITAL: 1 Inpetient 2 28a, OATE O (Month, 28a, PLACE building YSICIAN: To the best of	FINJURY Day, Year) OF INJURY — At I I, etc. (Specify) of my knowledge,	28b. Till IN. home, farm,	OTHER: 4 Ormany HE OF 28 JURY M street, factory	Home 5 R.	DEATH (Chicaldenca NO	PER 1 YE 1 YE Other (Specify) 28d. DESCRIBE HO 28t. LOCATION (Str. City or Town, S	DW INJURY OCCUPATION OF ANY OCCUPATION OF ANY NUMBER OF AN	er or Rural i	OF DEATH? 1 YES 2 NO Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEOICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 28a, OATE O (Month, 28a, PLACE building YSICIAN: To the best of	FINJURY Day, Year) OF INJURY — At I I, etc. (Specify) of my knowledge,	28b. Till IN. home, farm,	OTHER: 4 Ormany HE OF 28 JURY M street, factory	Home 5 R.	DEATH (Chicaldence NO	PER 1 YE 1 YE Other (Specify) 28d. DESCRIBE HO 28t. LOCATION (Str. City or Town, S	OW INJURY OF THE PROPERTY OF T	er or Rural i	OF DEATH? 1 YES 2 NO Route Number,
COMPLETED BY PHYSICIAN: MEDICAL CI	25. WAS CASE REFERRED TO MEOICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 28s. OATE be 28s. PLACE building YSICIAN: To the best of INER: On the besis of	FINJURY Day, Year) OF INJURY — At I , etc. (Specify) If my knowledge, examination and/or	28b. Tilk IN. home, farm, death occurs or investigation	OTHER: 4 Offuraling IE OF JURY M street, factory and at the time	Home 5 R.	DEATH (Chicaldence NO	PER 1 YE 1 YE Other (Specify) 28d. DESCRIBE HO 28t. LOCATION (Str. City or Town, S	OW INJURY OF THE PROPERTY OF T	er or Rural i	OF DEATH? 1 YES 2 NO Route Number,

32. REGISTRAR'S SIGNATURE
JUNIA DAVIDADA RONDON



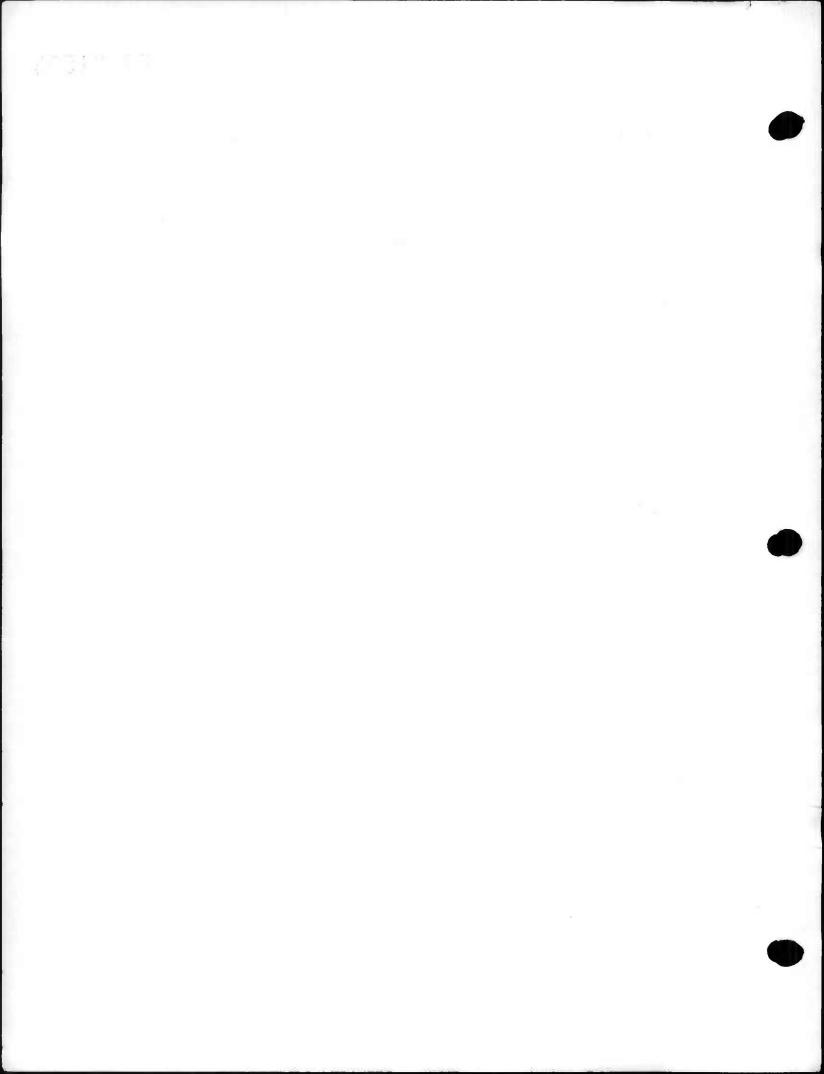
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be study within 70 hours after death with the State Bent, or Health, and Mental Horiene prior to build, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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E	JOR Jaffer	28
JR A	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fire and within 20 hours after death with the State Dest of Health and Mental Hydene prior to build, cremation, or removal.	E .
A.	A CO	1
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	FOR	STATE OF N	MARYLAND /	DEPART	rment	OF H	FALTH .	AND I	MENTAI	HYGIEN	IE	91	J	2150] 4
	1 - STATE REGISTRAR			RTIFI						REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last								2. DATE	OF DEATH	AY	YEAR		OF DEATH	
	RUTH LE	E SAN	DERS						JUL	Y 18	~199	0	7:5	57A	M
	4. SOCIAL SECURITY NUMBER	5. SEX V	6. AGE (In yrs. les		IF UNDER	-	IF UNDER			OF BIRTH		8. BIRT	HPLACE (State or Foreign	
- 3	255-09-2510	1 M 2 F	73	YRS.	MONTHS	DAYS	HOURS	MIN.		. 18,	1916		orgi	Ĺа	
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN O	R LOCATIO	N OF DE							
TOR	Montgomery (General	Hospita	a1	C	lne	у			Montgon				ery	
DIRECTOR	10a. STATE 10b. COUN			1	ry, town on Location Silver Spring									SIDE CITY WITS?	
9	Maryland	Montgom	ery	5.	rrve.						_			ES 2 X NO	
3AL			11005			101.	ZIP CODE				11091		WHAT CO		
ji ji	15100 Interlac							906						tates	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, apecl 1 YES 2					elfyzCuban	, Maxica	n, Puerto I	? (Specify Ye lican, atc.)	e or No-	14, RAC Blac Spec	ok, White,			
	15. DECEDENT'S EC	DUCATION	16a, DE	CEDENT'S U	JSUAL OC	CUPATIO	N .		16b	KIND OF BU	SINESS/IN	DUSTRY	W11.2	100	
E	(Specify only highest gra		(G	ive kind of w Do NOT use	ork done o	furing mos	st of working	7	-	III CONTRACTOR					
7	Elementary/Secondery (0-12)	College (1-4 or 5		Nurse						Heal	th Ca	are			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18 MOTH	ER'S NA	ME (First)	Aiddle, Maider					_
BE CO	Obie Maxwell						Au	die	Roza	r					
10	19a. INFORMANT'S NAME (Type/Print) Ann S. Roberts									Mary			5.5		
									, 100a						
	2ns. METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from Stata	206. PLACE other place Green	of disposition				etory or			rnes			• eorgia	
	21. Shinkitchile Opprinterial Service	HAD OU			22.	NAME AN	10 E	ast	Deer	eVol Park	Fune:	ral I	Home		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate														
	ehock, or heert fellure. List only one cause on each line.														
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) A cute injury card in infarction Due to (or as a consequence of): Atturo sclerotic cardiovesular disease										400	4			
	resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF):											lar	1		
Z	Sequentistiy list conditions, b. Ather sclesofic carrior sucha disease unprour														
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	OUENCE OF):										
2	CAUSE (Diseese or Injury	C	(OR AS A CONSE	OUENCE OF											
E	that initiated events resulting in death) LAST	DUE TO	(OH AS A CONSE	OUENCE OF);								İ		
H		d											-		
	PART II. Other algnificent conditi	one contributing to	death but not i	resulting is	n the un	derlying	ceuse g	iven in	Part I.	24a. WAS A	N AUTOPSY	24	b. WERE A	AUTOPSY FINDIN	IGS
S S	Mitvalv	enuncitas	in								RMED?			BLE PRIOR TO ETION DF CAUS	Æ
ā		70								1 TYES	2 10		OF DEA		
Σ									-				1 🗌 YI	ES 2 NO	
ä															
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DE	EATH (Ch	eck only or	10)					
S	1 TYES 2 THO	1 inpatient 2	ER/Outpatient 3	DOA			e 5 🗆 Re	aldenca	6 🗆 Othe	r (Specify)					
PHYSICIAN: MEDICAL	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, I		26b. TIMI	E OF URY M		URY AT PRK? YES 2	1 40	28d. DE	CRIBE HOW	INJURY O	CCURED			
B	2 Accident Investigation	28a PLACE (OF INJURY — At he	ome form o	draet fact) NO	281 100	ATION (Street	and Alumb	er or Pure	Doube Mu	mher	
TED	3 Suicide 8 Could not b 4 Homicide determined	building	atc. (Specify)	one, rain, a	riest, iaci	ory, orne.				or Town, State		or or nore	rioute res	noe,	
COMPLET	onel only	YSICIAN: To the best of NER: On the basis of a											(a) and me	enner as stater	d.
	29b. SIGNATURE AND TITLE OF CERTIF	TER					29c. LICE	NSE NIII	MBER		29d. D4	TE SIGNE	D Month	Day, Year)	
O BE	Koga + Con	one					D	28	79	1	>	7/18	190		
	30 NAME AND ADDRESS OF PERSON I		05 05 05 05		200							-			_

31. DATE FILED (Month, Day, Year)

JUL 1 9 '90

32 REGISTRAR'S SIGNATURE
Julia Davidson-Randoll



+6, DALLINORE, MARILAND	d with	completely all in by the funeral director, page 5 should be deti, cremation, or removal.	event, the medical examiner must be notified at one	
DIVISION OF VITAL DECORDS, F.O. DOA 13149,	TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely. In by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

JUL 19 90

32. REGISTRAR'S SIGNATURE guna Davidson Randoll

	1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPART	MENT OF H		ENTAL HYGIEN		20 2100			
	1. OECEDENT'S NAME (First, Middle, Las	st)			2	. DATE OF DEATH		3. TIME OF OEATH			
	William J	oseph Seider	nberg, Sr.				1990	7:17 P M			
	4. SOCIAL SECURITY NUMBER		AGE (in yrs. last birthday)	IF UNDER 1 YEAR		OATE OF BIRTH	8.	BIRTHPLACE (State or Foreign			
	577-09-7106	1 🔀 M 2 🗆 F	71 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) MAY 5,19		country) ushington, D.C.			
œ	99. FACILITY NAME (If not institution, give				OR LOCATION OF OEAT	Н	9c. COUNTY				
FUNERAL DIRECTOR	Holy Cross Hos	-		Silv	er Spring		M	lontgomery			
350	10e. STATE 10b. COU	NTY	10c, CITY	TOWN OR LOCAT	TION			10d. INSIDE CITY			
2		ntgomery		Rockvil	1e			YES 2 NO			
RAL	100. STREET AND NUMBER 1206 Crawford	Desire		101	20850			OF WHAT COUNTRY?			
NE								ted States			
F	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EV FORCES? 1 2	YES 2 NO	If yes, sp	ENDENT OF HISPANIC ecity Cuben, Mexicen, I		e or No 14.	. RACE — American Indian, Black, White, etc.			
ВУ	3 Widowed 4 Olvorced	IF YES, GIVE WAR O	N II	1 TYES	2 A NO Specify:			Specify: White			
ED	15. DECEDENT'S E (Specify only highest gri	OUCATION ade completed!	16e. DECEDENT'S U	JSUAL OCCUPATION done during mo	ON unrelease	16b. KINO OF BU	ISINESS/INDUS	TRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use	retired.)	st or working	Ţ.		1 trans			
MP	12		Manag	ger			iquor S	core			
	17. FATHER'S NAME (First, Middle, Last) Frederick Josep	h Coidonhar	O.		18. MOTHER'S NAME	rine Ell:					
BE	190. INFORMANT'S NAME (Type/Print)	ni Seldenber		A CORPERO (Charles	and Number or Rural Rou						
10	Alyce M. Seidenb	erg		ame as		пе митоег, Сту от ю	vn, Stere, Zip Co	(00)			
	20a_METHOD OF DISPOSITION 20b PLACE OF DISPOSITION (Name of complete Comple										
	XXBurial 2 Cremetion 3 H	amoval from State	Arlington	Nationa	1 Cemeter	y Ar	lingtor	n, Virginia			
5	11. NOMETURE OF PUNERAL SERVICE	LICENSEE		22. NAME A	ND ADDRESS OF FACIL			ral Home			
90	10 East Deer Park Drive Gaithersburg, Maryland 20877										
	23. PART I. Enter the diseeses, o	or domplications that ce	used the desth. Do no	ot enter the mo							
	ahock, or heert fellure. List only one ceuse on each line. Interval Onset										
	disease or condition resulting in death)	- acute no	anini Tinu	Parlin	P			12 horus			
	reading in death)	a cuts no	AS A CONSEQUENCE OF):V							
N	Sequentielly list conditions,	- a chy	ni olstru	luc le	mg diseas	ù					
ATIC	If any, leading to immediate cause. Enter UNDERLYING	RO) OT 3UD	AS A CONSEQUENCE OF):	J						
CERTIFICATION	CAUSE (Disease or injury that initiated events	C. DUE TO (OR	AS A CONSEQUENCE OF):							
HT.	resulting in deeth) LAST			<i>r</i>							
		0									
CAL	PART II. Other significant condit	ions contributing to des	th but not resulting in	n the underlyin	g ceuse given in Pa	ert i. 24a. WAS AI PERFO	N AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
	Chimi re	nal Parliere				_ 1 _ YES	2 - NO	COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: MEDI						_		1 TYES 2 NO			
AN.											
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Check						
ΗXS	1 YES 2 NO 27. MANNER OF DEATH	1 Tinpatient 2 ER			IURY AT 2	Other (Specify)	INJURY OCCUR	RED.			
	1 Natural 6 Pending	(Month, Day, Ye		JRY WO	YES 2 NO	See Begoinge 11011		ico			
) BY	2 Accident Investigation 3 Suicide 6 Could not	26e. PLACE OF IN.	JURY — At home, ferm, s			Bt. LOCATION (Street		Rural Route Number,			
TED	4 Homicide determined		(эреспу)			City or Town, State)				
PLE	29e. CERTIFIER 1 CERTIFYING PH	YSICIAN: To the best of my I	knowledge, death occurre	d at the time, date	end place, and due to	the cause(a) and mo	nner as stated.				
COMPLET								ause(s) end manner ee stated.			
	29b. SIGNATURE AND TITLE OF CENT	FIER			29c. LICENSE NUMBI	ER	29d. DATE S	IGNED (Month, Day, Year)			
38 C	Marles Ko	en MD			Pocd	00	1 7	1/16/90			
5	30. NAME AND ADDRESS OF PERSON										
	Mark S. Rosen,	MD. 3941 Fer	rrara Drive	Wheato	n, Maryla	nd 20906					

		FOR STATE REGISTRAR	STATE OF MARYL				HEALTH AND F DEATH	MENT	AL HYGI REG.			
•		1. DECEDENT'S NAME (First, Middle, Lest)	Eldred	٧.	Shelt	on		2. DAT	TE OF DEATH	°21	Y590 3	2:45am m
		4. SOCIAL SECURITY NUMBER 167-03-0765	5. SEX 6. AGE		t birthday) IF	UNDER 1 YEAR		(Mo	E OF BIRTH	" 16	Penns	ACE (State or Foreign
(1)	TOR	90. FACILITY NAME (If not institution, give so Montgomery Gene RESIDENCE OF DECEDENT			9b.	Olne	N OR LOCATION OF D	EATH			NTY OF DEA	
Pages 1,	DIRECTOR	10a. STATE 10b. COUNTY			10c. CITY, TO							Od. INSIDE CITY LIMITS?
it permit. Pages		10e. STREET AND NUMBER	gomery			er Sp	10f. ZIP CODE	20	906	- 251	IZEN OF WH	TAT COUNTRY?
1203-3146 or attending physician. rr use as the burial-transit	BY FUNERAL	2921 North Leisur 11. MARITAL STATUS 1 Never Merried 2 Merried 3XX Widowed 4 Divorced	e World Blvd 12. was decedent ever if forces? 1X yes if yes, give war or d 1942-1967	N U.S. AR		If yes,	ECENDENT OF HISPA specify Cuben, Mexic ES 2 NO Speci	NIC ORIC	SIN? (Specify	Yea or No-	Specify:	- American Indian, White, atc.
AND 21203-3146 the hospital or attending physical for use as the buring once.	ETED.	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)	CATION	(G	CEDENT'S USU ive kind of work Do NOT use ret	done during		1	eb. KIND OF	BUSINESS/IN		100
	COMPLET	17. FATHER'S NAME (First, Middle, Last)	4	Sol	dier	(Ret.	18. MOTHER'S N.	_	U.S.			
3 & & E	ш	Whitford Houston	Shelton				Maud Ma					
MARY retained 5 should notified	TO B	19e. INFORMANT'S NAME (Type/Print)	\				et and Number or Rural	Route Nu	mber, City or	Town, State, Zi		<i>c</i>
A ab a		Anita Hawkins (d	200	. PLACE	OF OISPOSITIO		St, Silv	ver-		LOCATION -	2090 City or Town	
MORE, Page 6 may il director, pag		1 Buriel 2 🕅 Cremetion 3 Rem 4 Donetion 6 Other (Specify)		other pli	Subu		Cremator	_	S	ilver	Sprin	g, MD
ALT death. funera		21, SIGNATURE OF FUNERAL SERVICE LIC	B. Clul	MC	00827	Rapp	Funeral Gist Ave	Ser			. MD	20910
d in by or rem		23. PART I. Enter the diseases, Dr o shock, Dr heert failure. IMMEDIATE CAUSE (Finel	omplications that cause List only one cause on a									Approximate Interval Between Onset and Death
hin tely mati		disease or condition resulting in deeth)	DUE TO OR AS	A CONSE	DUENCE DF):							7 day
	NOI	Sequentially liet conditions, if any, leading to immediate	b. Cu P D DUE TO (DR AS A CONSEDUENCE DF):									Syn
C. BOX 131. ertificate be execut ng physician and or gliene prior to bunia	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	DUE TO (DR AS		DUENCE OF):				-			15 7
P. O.	CERT	resulting in deeth) LAST	d									
OF VITAL RECORDS, P PHYSICIAN: The law requires that the deat his certificate has been signed by the afte with the State Dept. of Health and Alental riced, or item 23 shows any injury, or	MEDICAL	Seym by other, r		A	dycen		ring couse given in	Part I.	PE	S AN AUTOPSY REORMED?	0	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ITAL R N: The law incate has be State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				28.	. PLACE OF DEATH (C	heck only	one)			
OF VITAL F PHYSICIAN: The law this certificate has b with the State Dept. inked, or item 23:	YSIC	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Pinpetient 2 ER/Out	patient 3	□ DOA 4 {		Iome 6 - Reeldence	-				
	ву Рн	1 Natural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)		286, TIME OF		INJURY AT WORK? YES 2 ND	28d. t	DESCRIBE H	OW INJURY O	CURED	
ISIO TTENDI TOR: A after de 28 Is		3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJUR building, etc. (Spe	Y — At ho	ome, farm, stree	t, factory, o	ffice		OCATION (Si lty or Town, S	reet and Numbe State)	r or Runal Ro	ute Number,
Z 4 2 =	COMPLETED	enel	CIAN: To the best of my know									and menner sa stated.
TO THE HOSPITAL TO THE FUNERAL Se filed within 72 IMPORTANT: If	BE	296. What time AND TITLE OF CERTIFIE	1				29c. LICENSE NO	JMBER				Month, Day, Year)
FFA	임	30 NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUSE DE D	EATH ATE	M 27) /Since Date	ndl					/ /	

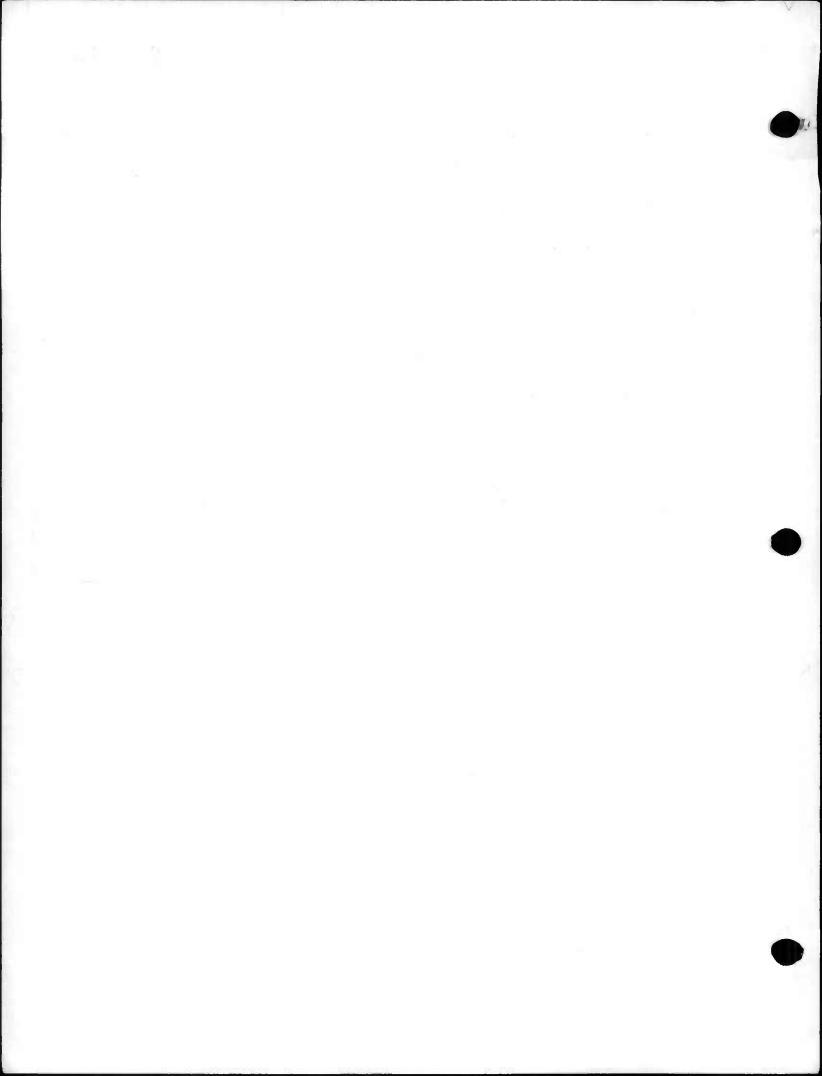
31. DATE FILED (Month, Day, Year)

JUL 23 '90

AME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

18/01 Prince Ph./2p & Olney Md 20832

Julia Davidson Randose



BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

•	1 - STATE REGISTRAR	STATE OF N	/ARYLAND / I CE				DEAT			IYGIEN IEG. NO.	_		
)	1. DECEDENT'S NAME (First, Middle, Last)	Joseph 3	J. Tarall						2. DATE OF I			YEAR	3. TIME OF DEATH
	Joseph T	7	7	ara	ell	20			July	2		90	845 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. last	birthday)	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF E			6. BIRTH Countr	IPLACE (State or Foreign
	204-10-8518 204-10-1911	tXXM 2 ☐ F	79	YRS.	WUNTING	DAYS	NOUNG		March		1911	Pen	nsylvania
	9a. FACILITY NAME (If not institution, give st			9b. CIT	y, TOWN O	R LOCATIO	ON OF DEA	TH		9c. COU	INTY OF D	EATH	
P P	Suburban Hospital	Suburban Hospital					Bethesda Mon						ry
Si l	10a. STATE 10b. COUNTY			10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS?	
E	Maryland	Montgom	ery		F	lockv	ille						1 X YES 2 NO
AL	10e. STREET AND NUMBER					101	. ZIP CODI				10g. CIT	TIZEN OF V	WHAT COUNTRY?
FUNERAL DIRECTOR	102 Dale Drive						850					States	
2	11. MARITAL STATUS 1 Never Married 2 Married		T EVER IN U.S. ARM		13.	WAS DEC	ENDENT C	r HISPANI n, Maxican	C ORIGIN? (S , Puarto Rica	pecify Yes n, etc.)	n or No—	14. RACI	E — American Indian, k, Whita, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES			1 TYES	2 🔀 NO	Specify:				Spec	nite
	15. DECEDENT'S EDUC	CATION	16a, DEC	EDENT'S	USUAL	CCUPATIO	ON		16b. KIP	ND OF BU	SINESS/IN		
F.	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	life i	e kind of Do NOT L	work done ise retired.)	during mo	at of workir	ig	Mon	tgon	nery	Coun	ty Public
MPL	12	5+	Ass	ocia	te S	uper	inte	nden	t		Sc	chool	S
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOTI	HER'S NAM	NE (First, Midd	lle, Maiden	Sumeme)		
BE	Joseph Tarall	0	T						Susan				
2	19a. INFORMANT'S NAME (Type/Print)	mana 1 1				100			oute Number, (0.7.0
	Mrs. Catherine L	· Talalle	20b. PLACE C						ille.			- City or Te	
	1 X Buriel 2 Cremation 3 Remo	oval from State	other place	ce)									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ROBERT A PUMP Prov. Fune							rev Funeral					
1	Miable (7	Phiti	M003	348	H	ome/ venu	Rock e, R	ville ockv	Inc	Máry	00 W	7. Mo	ntgomery 50-2805
	23. PART I. Enter the disasses, or a shock, or heart fellure.												Approximats Interval Between
	IMMEDIATE CAUSE (Fine)	List Only One Cat	use on each mie.										Onset and Daath
	disease or condition resulting in desth)	. UPPE	OF AS A CONSEC	6	ed	2							10
					. ,								2 6 5
NO N	Sequentially list conditions,	DUE TO	COR AS A CONSEC	UENCE (DF):								swes
AT	If any, laading to immediate cause. Enter UNDERLYING	Sus	temic) (OR AS A CONSEO	W	ov s	in	whee	met	65%				145
ᄩ	CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONSEC	UENCE	OF):								
CERTIFICATION	resulting in death) LAST	d											
CALC	PART II. Other significent condition	s contributing to	daeth but not n	eulting	in the u	ınderiyin	g cause	given in	Part I. 24		N AUTOPSY	7 24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
	nocardia pres	monte	diabe	tes	Cin	s.da	p.),		_ 1	YES :			COMPLETION OF CAUSE OF DEATH?
MED	atrial librillat	48-, C.	difficile	_ Ce			hlo	10	_				1 🗆 YES 2 🖔 NO
	believy corrhos	s, 4/0	Vicerat	n're	Car	Cier.							- (
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ	R:			eck only one)				
14S	1 VES 2 NO	1 N Inpatient 2	ER/Outpatient 3	28b. TI		_	JURY AT	saldence	8 Other (S 28d, DESCR		INJURY O	CCURED	
	1'N Natural 6 Pending	(Month, i	Day, Year)		NJURY	W	YES 2	_ NO					
ЭВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE (OF INJURY — At hor	me, farm	, street, fa	ctory, offic	ce			ON (Street Town, State		er or Rural	Route Number,
TED	4 Homicide determined	Dansing	, area (opeony)						Only of	own, oluto	·/		
COMPLE	CONTROL ONLY	ICIAN: To the best o	rf my knowledge, de	ath occu	rred at the	time, det	end plac	e, end due	to the cause	(e) and ma	enner aa s	tated.	
NO	one) 2 MEDICAL EXAMINI	ER: On the besis of	examination and/or i	nvestigat	tion, in my	opinion,	death occu	ired at the	time, data en	d place, e	end due to	the cause	(a) and manner as stated.
BE (29b. SIGNATURE AND TITLE OF CERTIFIE	R					29c. LIC	ENSE NUN	MBER		29d, D/	ATE SIGNE	D (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WI	40 COMPLETED CAL	ISE OF DEATH (ITE	W 271 /F-	na Print1		1	554	7_5			50-	0170
	Alan R Pollace	M.P.	809 U	ies	5 N	7:11	Rd	1 2	oclev	1110	n	1 3	0853
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE				- (1100		61 2	
	111 24 '90 Julia Davidson Bondalle												

Pages 1, 2, 3 should

permit.

DIRECTOR

FUNERAL

BY

COMPLETED

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.	commences as the months of the many between the same between the same than the same than the many than the many that has been been as an application to the same than the
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law	TO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dept	commonwealth to the - And in market on them 60

2

THO COMPLETED CAUSE

Alle sousiness suggested a

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH T. Florence Tilling C. YEAR 3:23 P M Florence 10 90 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 03 19 IF UNDER 1 YEAR 8. SIRTHPLACE (State or Foreign IF UNDER 24 HRS. 579-22-6458 DAYS New York 1 🗆 M 2 💢 F 87 03 9e. FACILITY NAME (If not institution, give street and number 9c. COUNTY OF DEATH 9b. CITY, TOWH OR LOCATION OF DEATH SOUTHERN MARYLAND HOSPITAL PRINCE GEORGES CLINTON RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE 10b. COUNTY 10d. INSIDE CITY Prince George's Maryland Camp Springs 1 YES 2 NO 10e. STREET AND NUMSER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 6912 Westchester Drive 20748 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-It yes, specify Cuben, Maxicen, Puerto Ricen, atc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 14. RACE - American Indien, Slack, White, atc. 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES Specify: 3 Wildowed 4 Divorced Caucasian 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF SUSINESS/INDUSTRY (Specify only higher during most of working (Give kind of work done life. Do NOT use retired.) College (1-4 or 8 +) /Secondary (0-12) Retail 8th N/A Stock Clerk 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) William Wohr Mary Brashar 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) William C. Tilling Same as 10A-F METHOD OF DISPOSITION 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or uriel 2 Cremetion 3 🗆 Rem Cedar Hill Cemetery Suitland Maryland 4 Donation 6 Other (Specify) 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 21. SIGNATURE OF FINERAL SERVICE LICENSEE 6633 Old Alexander Ferry Rd Clinton, Md 20135 23. PART i. Enter the diseases, or complic fone that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximsta shock, or heart failure. List anly one cause on each line intarval Between Onset and Death IMMEDIATE CAUSE (Fine) disease or condition resulting in death) OR AS A CONSEQUENCE OF a CERTIFICATION Sequentially list conditions, SEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO OF DEATH? 1 TYES 2 TNO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO tient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH DATE OF HAJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 6 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE/OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide determined 1 SCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner se stated. 2 MEDICAL EXAMINER: On the basis of ext flor and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and manner as stated MITLE OF CERTIFIER 29h SIGNATURE 29d. DATE SIGNED (Month, Day, Year) BE

29b. SIGNATURE AND TITLE OF CERTIFIER

Linon

31. DATE FILED WORTH DO

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

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DIRECTOR

FUNERAL

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JA PLENDING FILLIONARY, THE IAM INCHINES BIRE US DESCRIPTION OF THE IAM INCHINES OF TH	IRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	burs after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
I THE PROPERTY OF ALLENDING PRINT	THE FUNERAL DIRECTOR: After this	be filed within 72 hours after death with	4PORTANT: If item 28 is marked
-	1	-	

COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BE

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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENT REGISTRAR CERTIFICATE OF DEATH									IENI . NO.	E							
1. DECEDENT'S NAME (First,	Middle, Last)					2. DATE OF DEATH MONTH DAY							WEAR	3. TIM	AE OF E	DEATH	
AUSTI	N	TAYLOR			4200						MONTH DAY YEAR 07 15 90			1 3	3 5	MAC	м
4. SOCIAL SECURITY NUMB	_	5. SEX	6. AGE	(In yrs. last	birthday)	IF UNDER 1 YE	AR IF UND	ER 24 HRS.	7. D	ATE OF BIRT	Н		8. BIRT	HPLACE	(State	or Foreign	
5/9-54-4313				46	YRS.	MONTHS DAY				16 25	ear) L	+4		King	gto	n, D.	C.
9a. FACILITY NAME (If not institution, give street and number)					- 1	9b. CITY, TOV			EATH				NTY OF				
PRINCE G	EORGES	HOSPITA	L CE	ENTER	_	CHE	VERLY	,				PR	INCE	GEC)RGI	ES	
RESIDENCE OF DEC						G. CITY, TOWN OR LOCATION							I market		a	=	
10a. STATE	STATE 10b. COUNTY								- 19					1	NSIDE		- 1
Maryland	Princ	ce George	S		Dis	trict	Heigr	nts						1 🖾	PES 2	□ NO	_
04. STREET AND NUMBER					101. ZIP CODE						10g. CITIZEN OF WNAT COUNTRY?				17?		
6811 Alpine	Stree						20747 United St						Sta	tes		_	
11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 See 2 IF YES, GIVE WIR OR DATES				N U.S. ARM 2 NO PATES	□ NO If yes, specify Cuben, Maxican, Puerto Rican, etc.) Black, W 1 □ YES 2 □ ⚠ Specify: Specify:					ck, White	n, atc.	indlen,					
	EDENT'S EDU			16a. DEC	EDENT'S U	I'S LISUAL OCCUPATION 186 KIND OF BUSINESS/INDUSTRY					acr			┪			
12th grade		College (1-4 or 5 +	•)	Poli	(Give kind of work done during most of working life. Do NOT use retired.) lice Officer Federal Govern					men	t						
17. FATHER'S NAME (First, M	-						18. MC	THER'S NA	AME (F	irst, Middle, A	faiden -	Surname)					
Austin_Clv	do Torr	lor Sr				Mary Aggett Lipscomb Taylor											
19a. INFORMANT'S NAME (7		IOI OI		19b.	MAILING	ADDRESS (Str			-							07/	,
Jacqueline	Wiggi	ns Tavlor	•	68	311 A	Appenses (Str	Stre	et Ap	ot :	#3, Wa	ash	ıngt	on,	ט.ע	. 4	.0 /4	
20a. METHOD OF DISPOSIT 1 Burlal 2 Crematic 4 Donation 5 Other	ION on 3 - Remi	122 1 27	20	helte	enhan	osition (Name of cometer), cromatory or am Veterans Cemetery 20c. Location — City or Town, Steta Cheltenham, P.G.Co., Mc							Md				
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	/			22. NAME AND ADDRESS OF FACILITY 716 KENINERY ST. NW											
1 May	16	Howk				Johnson & Jenkins Inc., Washington, D.C. 2001						011					
		omplications tha List only one cau			ith. Do ni	ot antar the	mode of	dyling, suc	ch aa	cardiac or	reapi	ratory a	rrest,		Interv	ximate al Betw	
immediate cause (Figure disease or condition resulting in death)	nel -	DIA	BET	IC C	OMA										Unset	and D	Paltin
		DUE TO	(OR AS	A CONSEO	UENCE OF):											
Sequentially list condit	ilone (IC CAF	NOIO	/ASCU	LAF	DISE	ASE	Ē					
DUE TO (OR AS A CONSEQUENCE OF):															- 1		

immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DIABETIC DUE TO (OR AS A CONSE ARTERIA SC DUE TO (OR AS A CONSE HYPERTENS I DUE TO (OR AS A CONSE	OUENCE OF): LEROTIC (OUENCE OF): ON	CARDIO VASCU	ILAR DIS	SEASE	Onset and Death
PART II. Other algnificant condition	d. a contributing to death but not	resulting in the u	nderlying cause given in		. WAS AN AUTOPSY PERFORMED? VES 2 - NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 \(\square\) NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	Check only one)		
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpetient :	OTHE	R: Irsing Home 5 - Realdance	6 Other (Sp	ecify)	
27. MANNER OF DEATH 1 Natural 8 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIE	BE NOW INJURY OCCU	PREO
3 Suicide 6 Could not be 4 Homicide detarmined	28s. PLACE OF INJURY — At h building, atc. (Specify)	ome, ferm, etreet, fe	ctory, office		N (Street and Number own, State)	r Rurel Route Number,
conductions of	CIAN: To the best of my knowledge, d					

29c. LICENSE NUMBER

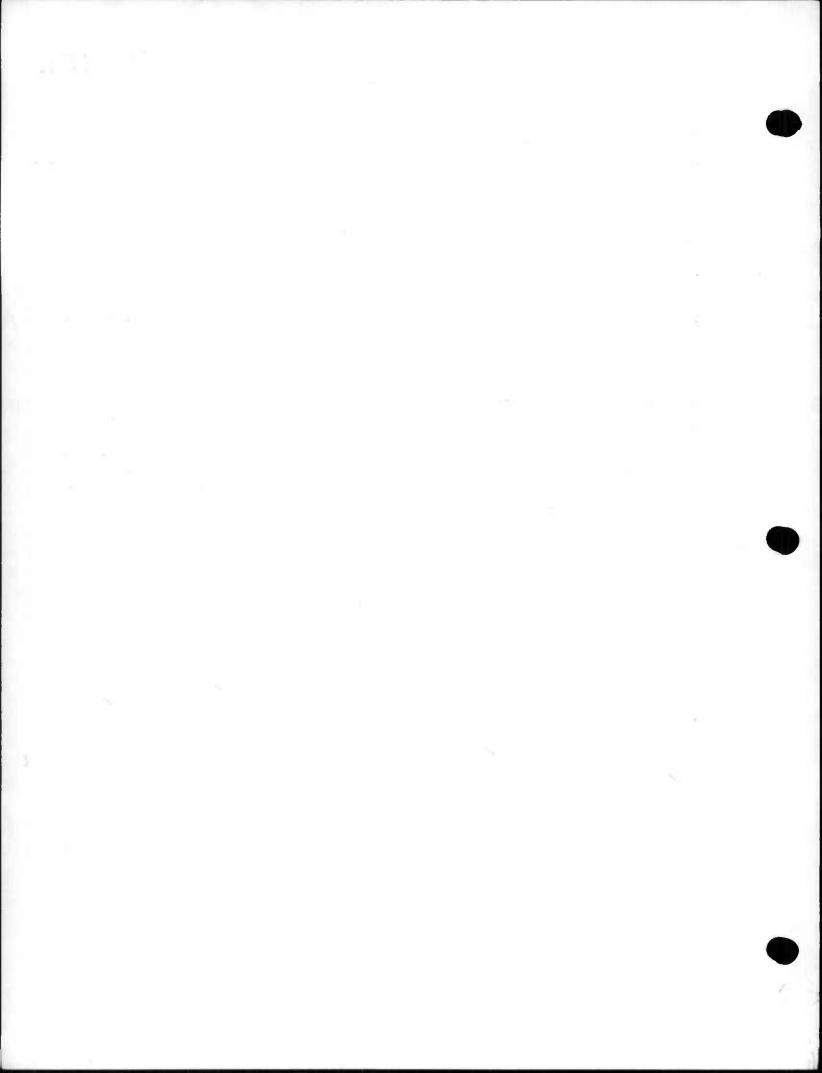
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29d. DATE SIGNED (Month, Day, Year)

7/17/90

MD 20772



DHMH-16 Rev 1/89

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	452-96-5873	MONTHS DAM							Country)		
	9a. FACILITY NAME (If not institution, giv		02.11.5.	Ab CITY T	DWD OR LOCATION		-27-27			Tx.	
œ				96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH Ceci							
	Union Hospi	. cal			EIKCO	11		C	ecli		
DIRECTOR	10e, STATE 10b, COUR	ITY		TY, TOWN OR			10d. INSI			INSIDE CITY	
	Tx. Nu	ieces	C	orpus	Chris	ti				YES 2 N	
¥	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN			COUNTRY?	
FUNERAL	201 Edwards					403			.S.A		
2	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 _ Y	ES 2-NO	If y	S DECENDENT OF			or No 14.	RACE — A Black, Whi	merican Indian Ita, atc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OF	R DATES	15	YES 2 NO	Specify:	222		Specify:		
9	15. DECEDENT'S E		16a. DECEDENT"			Mexi	Cd[] 8b. KIND OF BUS	SINESS/INDUST	Mexic	can	
	(Specify only highest gri	College (1-4 or 5+)	(Give kind of	f work done dui use retired.}	ring most of working						
COMPLET	6		dieti	tian			Hosp	ital			
O	17. FATHER'S NAME (First, Middle, Last)				16. MOTHE	R'S NAME (Firs	t, Middle, Maiden	Surname)			
ш	Manuel Perez	2				Flor	a Flor	es			
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
	Anna Girardin P. O. Box 88 North East, Md. 21901										
	20a. METHOD OF DISPOSITION 1 Description 2 Description 3		20b. PLACE OF DISPO	OSITION (Name	of cemetery, crema	tory or		pus C			
	4 Ponetion 5 Other (Specify)		Memory	Ga			COL	pus c	111 15	LI,	
	21. SIGNATURE OF FLINGWAL SERVICE	LICENSEE			SHO ADDRESS		25	9 E.	Main	St	
	1)	Ge	e Fune	ral H		kton,			
2	disease or condition resulting in death) ACUTE ANTERIOR MYOCARDIAL INFARCTION Due to (or as a consequence of): Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
TIFICATIO	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c.	AS A CONSEQUENCE	RY A						2 no	
L CERTIFICATION	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c. DUE TO (OR A	AS A CONSEQUENCE	RY A OF):	RTERY	DISE	ASE 24a. WAS AN	AUTOPSY		E AUTOPSY FIN	
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BE COMPLETED BY PHYSICIAN: MEDICAL	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other aignificent conditions are uniting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR A d. One contributing to deat HOSPITAL: 1 Inpatient 2 ERV 2ea. DATE OF INJU (Month, Day, 16). 28e. PLACE OF INJ building, etc. (1) YSICIAN: To the best of my k INER: On the bests of axamin	Dutpatient 3 DOA BY 28b. Ti BY 28b. Ti BY DEATH (ITEM 27) (Ny	OF): OF): OF): OF): OTHER: 4 Nureir MME OF NJURY M A, street, factor rred at the tim tion, in my opi	erlying cause gi	ven in Part I. ATH (Check only) Idence 8 0 28d. I. NO 28f. L. 3 115	24a. WAS AN PERFOR 1 YES 2 There (Specify) DESCRIBE HOW I Cause(s) and margate and place, an	AUTOPSY IMED? NO NJURY OCCUR and Number or i	AAAAA COMOOF E	E AUTOPSY FIN LABLE PRIOR T PLETION OF CA DEATH? YES 2 N	

ACTUAL SHOOT OF THE STATE SHOOT

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1	•	FOR STATE REGISTRAR

STATE OF MARYLAND 7 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

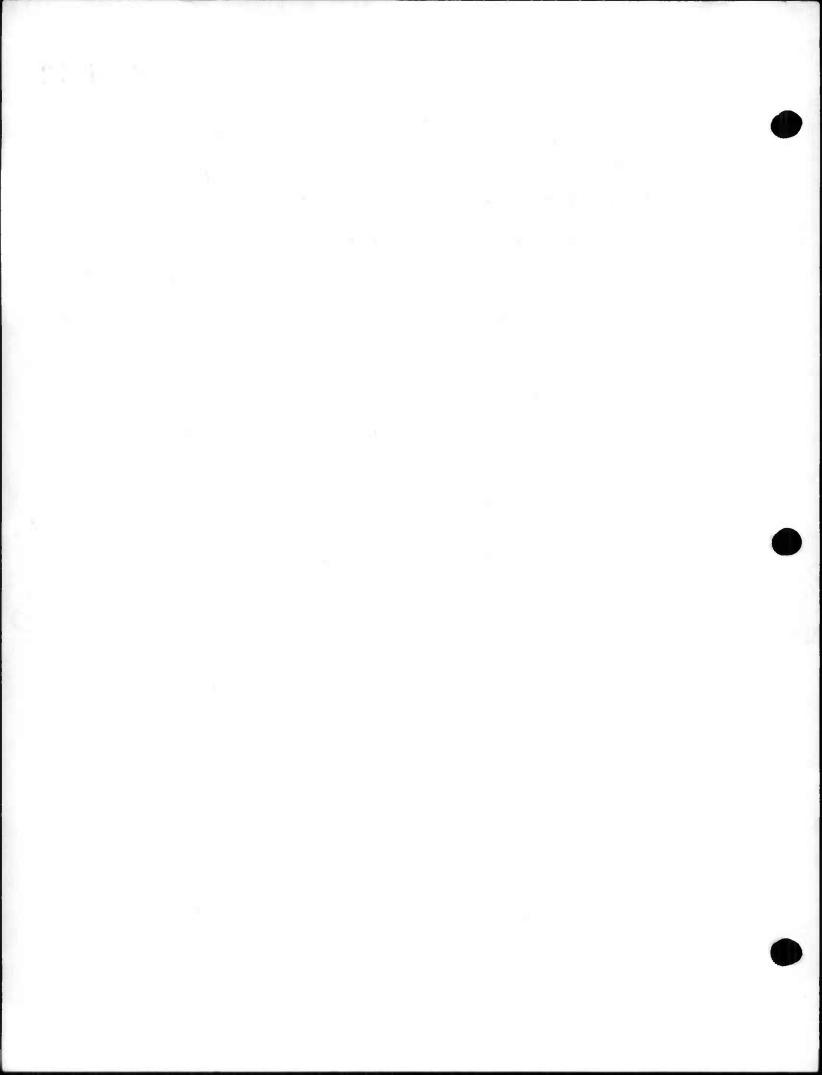
9a. FACILITY NAME (If not institution, give street and V.A. Medical Center RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Bal. 10a. STREET AND NUMBER 518 Luzerne Avenue 11. MARITAL STATUS 1 Never Merried 2 Married FO IF IS. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) College	M 2 □ F 94	YRS. 1881 birthday) YRS. 190c. CITY, U.S. ARMED 2 NO	Per Town on Loc Baltim	HOURS MIN. I OR LOCATION OF DI TRY Point ATION TORE 101. ZIP CODE 21205		5 1 9 9 C H H man 1 9 9 C	B. BIRTHPL Country) Mary NTY OF DEA Cecil	Od. INSIDE CITY LIMITS? K YES 2 \(\) NO
4. SOCIAL SECURITY NUMBER 220 48 8291 9a. FACILITY NAME (If not institution, give street and V.A. Medical Center RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Bal: 10a. STREET AND NUMBER 518 Luzerne Avenue 11. MARITAL STATUS 1 Never Merried 2 Merried MX Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) College	M 2 F 94 number) timore AS DECEDENT EYER IN 1 RCES? 12 YES YES, GIVE WAR OR DAT	YRS. 1881 birthday) YRS. 190c. CITY, U.S. ARMED 2 NO	MONTHS DAYS SO. CITY, TOWN Pe TOWN OR LOC Baltim	HOURS MIN. I OR LOCATION OF DI TRY Point ATION TORE 101. ZIP CODE 21205	7. DATE OF BIRTI (Month, Day, Ye 10-8-9	H (ar)	B. BIRTHPI Country) Mary NTY OF DEA	ACE (State or Foreign Land TH Od. INSIDE CITY LIMITS? X) YES 2 \(\sum \) NO
220 48 8291 9a. FACILITY NAME (If not institution, give street and V. A. Medical Center RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Bal: 10a. STREET AND NUMBER 518 Luzerne Avenue 11. MARITAL STATUS 1 Never Merried 2 Merried 14. Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) Elementary/Secondary (0-12) College	M 2 F 94 number) timore AS DECEDENT EYER IN 1 RCES? 12 YES YES, GIVE WAR OR DAT	YRS. No. 10c. CITY,	9b. CITY, TOWN Pe TOWN OR LOC Baltim	HOURS MIN. I OR LOCATION OF DI TRY Point ATION TORE 101. ZIP CODE 21205	(Month, Day, Ye 10-8-9	9c. COU	Country) Mary INTY OF DEA	Cland Od. INSIDE CITY LIMITS? K) YES 2 \(\sum \) NO
9a. FACILITY NAME (if not institution, give street and V.A. Medical Center PESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland 10a. STREET AND NUMBER 518 Luzerne Avenue 11. MARITAL STATUS 1 Never Married 2 Married 15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) College	timore AS DECEDENT EYER IN INCES? LAYES YES, GIVE WAR OR DAT	10c. CITY,	Per Town on Loc Baltim	erry Point ATION TOTE TOTE 21205	EATH	9c. COU	Cecil	Od. INSIDE CITY LIMITS? K YES 2 \(\) NO
V. A. Medical Center Name	timore AS DECEDENT EYER IN 1. INCES? VAYES YES, GIVE WAR OR DAT	10c. CITY,	Per Town on Loc Baltim	erry Point ATION TOTE TOTE 21205		10g. CIT	Cecil	0d. INSIDE CITY LIMITS? X YES 2 NO
10a. STATE 10b. COUNTY Maryland Bal 10a. STREET AND NUMBER 518 Luzerne Avenue 11. MARITAL STATUS 1 Never Married Number Policy 15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) College	AS DECEDENT EVER IN INFORMATION OF THE STATE	U.S. ARMED 2 NO	Baltim	ore 101. ZIP CODE 21205			1	LIMITS?
Maryland Bal 10e. STREET AND NUMBER 518 Luzerne Avenue 11. MARITAL STATUS 1 Never Merried 2 Married 15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) College	AS DECEDENT EVER IN INFORMATION OF THE STATE	U.S. ARMED 2 NO	Baltim	ore 101. ZIP CODE 21205			1	LIMITS?
518 Luzerne Avenue 11. MARITAL STATUS 1	YES, GIVE WAR OR DAT	J.S. ARMED 2 NO	13. WAS DI	21205			IZEN OF WH	
III. MARITAL STATUS I Never Married 2 Married IF I Divorced IF 15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) College	YES, GIVE WAR OR DAT	J.S. ARMED 2 NO	13. WAS DI			7		AT COUNTRY?
Never Married 2 Married IF NX Widowed 4 Divorced 1 15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) College	YES, GIVE WAR OR DAT	U.S. ARMED 2 NO ES	13. WAS DI				J.S.A.	
(Specify only highest grade complete Elementary/Secondary (0-12) College			If yes, s	ECENDENT OF HISPAI specify Cuban, Mexics ES 2 NO Specif	n, Puerto Rican, et	fy Yea or No c.)	14. RACE Black, 1 Specify:	- American Indian, White, etc. White
	od)	16a, DECEDENT'S U (Give kind of wo life, Do NOT use	ork done during r	FION nost of working	16b. KIND O	F BUSINESS/IN	DUSTRY	
	ge (1-4 or 5 +)		,	Massa	17 0	NT		
	known	ketir	red U.S	. Navy	0.8	. Navy		
7. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, M		11.	
Joseph S. Trave	rs				ry Eliza		-	
V.A. Medical Center				t and Number or Rural t, Maryla		or Town, State, Zi 1902	p Code)	
	T 20h I		-	cemetery, cremetory or		e. LOCATION	City or Town	n. State
(a. METHOD OF DISPOSITION Burlal 2 Cremation 3 Removal fro	m State	other place)		al Cemete		riangle		
I SIGNATURE OF FUNERAL SERVICE LICENSEE	101	Authorition	22. NAME	AND ADDRESS OF FA	CILITY			
M some Als	anthor	ash.		A. Patter yville, N		on Fune 219		lome
Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):);					
PART II. Other significant conditions conti	ributing to death but	t not resulting in	the underly	ng cause given in	PE	AS AN AUTOPSY ERFORMED? ES 2 1 NO	6	VERE AUTOPSY FINDI MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
E UNE CASE DEFENDED TO LIFE OF								
5. WAS CASE REFERRED TO MEDICAL	PITAL:		OTHER:	PLACE OF DEATH (C)	eck only one)			
	opetiant 2 ER/Outpet	tient 3 DOA	4 - Nursing Ho	ome 5 🗆 Residence		···		
1 VES 2 NO 1 XI	6a. DATE OF INJURY	26b. TIME INJU	JAY V	NJURY AT WORK? YES 2 NO	26d. DESCRIBE	HOW INJURY OF	CURED	
1 ☐ YES 2 NO 1	(Month, Day, Year)	100		1 120 7 140				
1 VES 2 NO 1 Xir 7. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)				205 LOCATION (Direct and Missels	or Donal Co.	orto Alcamatano
1 VES 2 NO 1 XIr 7. MANNER OF DEATH 2 1 Netural 5 Pending Investigation 2		- At home, farm, str			28f. LOCATION (S City or Town,	Street and Numbe State)	or Rural Ro	ute Number,
1 VES 2 NO 1 NO 7. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined	(Month, Day, Year) 8e. PLACE OF INJURY - building, etc. (Specif) to the best of my knowle	At home, farm, str	treet, factory, of	fice sta and place, and dus	City or Town,	State) id manner as sti	ited.	
1 YES 2 NO 1 No. F. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined Pea. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the service of the could not be detarmined.	(Month, Day, Year) 8e. PLACE OF INJURY - building, etc. (Specif) to the best of my knowle	At home, farm, str	treet, factory, of	fice sta and place, and dus	City or Town, to the cause(a) an time, data and pla	od manner as stoce, and due to t	ited. the cause(s) :	and manner as state
7. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 1 Homicide Certifying Physician: To Check only	(Month, Day, Year) 8e. PLACE OF INJURY - building, etc. (Specif) to the best of my knowle	At home, farm, str	treet, factory, of	ite and place, and dur, death occured at the	City or Town, to the cause(s) and time, deta and pla	od manner as str ce, and due to t	ited. the cause(s) (and manner as state Month, Day, Year)
1 YES 2 NO 1 No. 7. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 6 Could not be detarmined 9a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the person of the could not be detarmined.	(Month, Dey, Year) 8e. PLACE OF INJURY - building, etc. (Specif) to the best of my knowle he basis of axemination	At home, term, str	d at the time, da	fice ste and place, and dur , death occured at the	City or Town, to the cause(s) and time, deta and pla	od manner as str ce, and due to t	ited. the cause(s) :	and manner as state Month, Day, Year)

TO BE COMPLETED BY FUNERAL DIRECTOR

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page 5		pe n
ector,		шпе
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once
by the	moval.	cal
din	Or re	реш
y fille	rtion.	the
ompletel	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event,
and co	o buria	natic
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First, Middle, List) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH P											
		LLINGTON						JULY 1	8 199	0	3:55 M
4. SOCIAL SECURITY NUMBER 094-20-966		5. SEX 6.	AGE (In yrs. In	st birthday) YRS.	MONTHS E		UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year		Country	
9a. FACILITY NAME (If not in	nstitution, give str				96. CITY, T	OWN OR L	OCATION OF DE	OCT, 13,	~	INTY OF DE	W YORK
NATIONAL	NAVAL	MEDICAL C	ENTER	- 1		BETH	ESDA		M	ONTGO	MERY
RESIDENCE OF DEC	10b. COUNTY			10c CITY	, TOWN OR	LOCATION				T	10d. INSIDE CITY
MARYLAND		TGOMERY		100.011		SING					LIMITS?
10e. STREET AND NUMBER	1101	TOOTIMET			KLI	-	CODE		10g. CIT		HAT COUNTRY?
11009 WA	YCROSS	WAY					20895		UN	ITED	STATES
11. MARITAL STATUS	.a.8.15-	12. WAS DECEDENT E	VER IN U.S. A	RMED NO				IIC ORIGIN? (Specify n, Puarto Rican, etc.)		14. RACE Black,	- American Indian, White, etc.
1 Never Married 2 2 3 Widowed 4 Divo		FORCES? 1 V	- 196	5			XNO Specify			Specifi	WHITE
	EDENT'S EDUC	ATION	16a, D	ECEDENT'S	USUAL OCC	UPATION		16b. KIND OF	BUSINESS/IN	DUSTRY	WILLE
(Specify only highest grade completed) [Give kind of work done during most of working life. Do NOT use retired.] [Give kind of work done during most of working life. Do NOT use retired.]											
12				U.	S. A	RMY_		DE	FENSE	/ MII	LITARY
17. FATHER'S NAME (First, N						18	. MOTHER'S NA	ME (First, Middle, Mai	den Surname)		ELECTRICAL III
		R THOMSON						RUDE SIMM			
19a. INFORMANT'S NAME (N						Route Number, City or			_
ANNALIA C. THOMSON 11009 WAYCROSS WAY, KENSINGTON, MD 20895 2004, METHOD OF DISPOSITION (Name of cometer), cremetory or 2004, LOCATION — City or Town, State											
20d, METHOLD or Dissostition 12-Burnal or 3 Removal from State											
21. SIGNATURE OF FUNERAL SERVICE UP INSEE 22. NAME AND ADDRESS OF FACILITY											
FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W. SIL.SPR., MD. 20901											
23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, approximate enock, or heart feiture. List only one cause on each line.											
IMMEDIATE CAUSE (Fi		only one pause	OH GUICH IN								Onset and Daath
disease or condition reaulting in death)	→ ,	NON.	SMALL	CELL	LUNG	CAR	CINOMA				
		DUE TO (O	R AS A CONS	EQUENCE OF	F):						
Sequentially list condi-		DUE TO (O	R AS A CONSI	EQUENCE OF	F):						
if eny, leading to imme cause. Enter UNDERLY	ING										. [
CAUSE (Disease or injute that initiated eventa		DUE TO (O	R AS A CONSI	EQUENCE OF	F):						
resulting in death) LAS	ET .	i									1
PART ii. Other significa	ent condition	s contributing to de	eth but not	resulting i	in the und	erlying co	ause given in		AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
									FORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
								_			1 YES 2 NO
25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:		T	OTHER:		E OF DEATH (Ch	eck only one)			
1 YES 2 XNO		1 N Inpetient 2 D E		3 DOA		ng Home		6 Other (Specify) 26d. DESCRIBE HO	M 11 11 1000 A	CCUPED	
	Pending	(Month, Day,			TURY M	WORK		200, DESCRIBE IN	W HIJORY O	CCORED	
2 Accident 3 Suicide	Investigation Could not be	28e. PLACE OF I	NJURY — At I	nome, farm, s	street, factor			26f. LOCATION (Str		er or Rural R	loute Number,
4 Homicide	detarmined	building, et	:. (Зреспу)					City or Town, S	tate)		
29e. CERTIFIER (Check only	TIFYING PHYSI	CIAN: To the best of m	y knowledge, o	death occum	ed at the tim	ne, date and	d place, and due	to the cause(s) end	manner as si	ated.	
ana)	Correct Oriny										
296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Morith, Day, Year)											
Jun C. Krihal my COR/MC > Jul 19, 1990											
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NATIONAL NAVAL MEDICAL CENTER TO AN C. MICHIEL COD. MC. MICH.											
JOAN C. KISHEL, CDR, MC, USN BETHESDA, MD 20814-5011 31. DATE FILED (Month, Qip, Your) 32. REGISTRAR'S SIGNATURE											
31. DATE FILED (Month, Day, Your) 32. REGISTRAR'S SIGNATURE JUL 23 90 32. REGISTRAR'S SIGNATURE Julia Davidson-Randole											
		-	The Parket of	Alachor	-						



death. Page 6 may be retained by the hospital or attending physician. Fineral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.											
i	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	3. TIME OF DEATH					
	Ruth	В.	Ver	million		July 19.		YEAR	0445			
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH	J		ACE (State or Foreign			
	577 36 0567	1 🗆 M 2 😡 F	60 YRS.	AONTHS DAYS	HOURS MIN.	(Month, Day, Year) Sept. 3 19	929	Virg	inia			
	9e. FACILITY NAME (If not institution, give a	treet and number)		96. CITY, TOWN O	R LOCATION OF DE			ITY OF DEA				
DIRECTOR	Calvert Memorial F	Hospital		Prince	Freder	ick		Calve	rt			
D	10e, STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ON			1	0d. INSIDE CITY			
	Maryland Calve	ert	Dunkirk						LIMITS?			
	10a. STREET AND NUMBER			101.	ZIP CODE		10g. CITI	ZEN OF WH	AT COUNTRY?			
BY FUNERAL	12164 Cavalier Dr	cive		2	ed St	ates						
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No 14. RACE — Am FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. RACE — Am Black, White											
-	1 Never Merried 2 X Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR O			2 NO Specify			Specify:	The state of the s			
	15. DECEDENT'S EDU	CATION	NO 16a, DECEDENT'S U	OLIAL COCURATIO		18b. KIND OF BUS		HIOTOV	WILLE			
_	(Specify only highest grade	completed)	(Give kind of wo	ork done during mos	t of working	186. KIND OF BUS	SINE 53/IND	USIRT				
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homema			Own Ho	ome					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)					
	Claude E. Englis	h			Mary P	. Porter			1			
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural I	Route Number, City or Tow.	n, State, Zip	Code)				
2	Louis R. Vermill	ion	12164	Cavalie	r Drive	Dunkirk Ma	ryla	nd 2	0754			
20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State other place)												
	4 🗆 Danellan 5 🗆 Other (Specify)		Fort Linco				ntwoo	d Mar	yland			
	21. SIGNATURE OF FUNERAL SERVICE LIC		_	Bea 11	-Evans F	cium Funeral Hor	ne. P	. A .				
	▶ Kobert E. Er	tans, 1	Pres.	1		lis Rd. Boy	-		nd 20715			
RTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate interval Batween Onset and Desth disease or condition resulting in death) PSEUDOMEMBRANOUS COULTIS DUE TO (OR AS A CONSEQUENCE OF): CASTRO INTESTINAL BLEEDING DUE TO (OR AS A CONSEQUENCE OF):											
		d							+			
N: MEDICAL	PART II. Other significant condition	ns contributing to dae	th but not resulting in	n the underlying	j ceuse given in	Part I. 24a. WAS AN PERFOF	MED?		VERE AUTOPSY FINOINGS MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF OEATH (Ch	eck only one)						
VSIC	1 TES 2 NO	1 inpatient 2 ER		OTHER: 4 Nursing Hom	s 5 ☐ Residence	8 🗆 Other (Specify)						
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJU (Month, Day, Y		JRY WO	RK?	26d. DESCRIBE HOW	NJURY OC	CURED				
BY	2 Accident Investigation	28e. PLACE OF IN	JURY — At home farm at		ES 2 NO	28L LOCATION (Street	end Number	or Bural Bo	uta Number			
3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, fectory, office City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)												
COMPLETED	CONSCR ONLY	ER: On the best of my							end menner as stated.			
BE	29b. SIGNATURE AND TITLE OF CENTIFIE	may p	que l'annue de l'annue		29c. LICENSE NUI	MBER	29d. DAT	E SIGNED	Morith, Pey, Year)			
2	30. NAME AND ADDRESS OF PERSON WE	V	F DEATH (ITEM 27) (Type,				-	1	1			
	Charles Ju	dge, M.D.	SIGNATURE	Pri	nce Fred	erick, Mar	ylan	d 206	78			
	mu 20 too	La Saindson										

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	FOR STATE REGISTRAR	STATE OF MARYLAN			HEALTH A		NTAL HYGIENI REG. NO.	Ε ,	0 21014			
	1. DECEOENT'S NAME (First, Middle, Last)						DATE OF DEATH MONTH DA					
ľ	Elizabeth 4. SOCIAL SECURITY NUMBER 5.	Aida	yrs. lest birthday)	Valdez	R IF UNDER 24	A MOS 7	7 20		12:34 P. M			
	The state of the s	□ M 2 □ F	YRS.	MONTHS DAY	8 HOURE	MIN.	(Month, Day, Year) PRIL 17	0	country)			
	9a. FACILITY NAME (If not institution, give street	and number)			N OR LOCATION			9c. COUNTY				
OR O	Washington Adver	ntist Hospit	al	Tak	oma Par	k		Montgomery				
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?				
	MARYLAND MONTGO	MERY	T	AKOMA F					1 TYES 2 NO			
FUNERAL	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?			
NE I	505 DOMER AVENUE #1	J.S. ARMED	13. WAS I	209 DECENDENT OF		ORIGIN? (Specify Yea	A RACE — American Indian, Black, Whita, etc.					
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES				Mexican, P Specify:	uarto Rican, atc.)		Specify:			
ED B	15, DECEDENT'S EDUCATI	ION I 1	6a. DECEDENT'S	LISUAL OCCUP	ATION		16b, KIND OF BUS		aucasian			
	(Specify only highest grade con	npleted) College (1-4 or 5+)		work done during	most of working		IOU. KIND OF BOO	INCOO I				
COMPLET	N/A		N/A									
	17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname)											
BE	DAMTAN VALDEZ 19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stra		A CAN	IGAS e Number, City or Town	n, Stete, Zip Cod	(e)			
2	AIDA VALDEZ ((MOTHER)	505 D	OMER AV	ENUE #	102	TAKOMA P.	ARK, M	ARYLAND 20912			
	20a. METNOD OF DISPOSITION 1 String Burlat 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)											
	4 ☐ Donation 6 ☐ Other (Specify)		ATE OF		CEMETE:			VER SP	RING, MARYLAND			
	* Roles HAIN	valasi.					INS FUNE					
	23. PART I. Enter the diseases, dr con								SPR MD 20901 Approximate			
	shock, or heart fellura. Liz IMMEDIATE CAUSE (Final	t only one cause on eac	ch line.	1					Interval Between Onset and Death			
	disease or condition resulting in death) ** BRONCHOPNEUMONIA COMPLICATING BLUNT FORCE INJURIES											
_	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, If any, leading to immediate											
2	CAUSE (Disease or Injury	OUE TO (OR AS A C										
E	that initiated events reaulting in death) LAST											
2	PART II. Other significant conditions of	contributing to death but	t not resulting	in the under	ving cause gi	iven in Par	rt I. 24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS			
CAL		•	•				PERFOR		AMILABLE PRIOR TO COMPLETION OF CAUSE			
A D								XX.	OF DEATH?			
N.												
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X X YES 2 NO 1	OSPITAL:	Hart 2 DOA	OTHER:	B. PLACE OF DE							
HX	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIP		INJURY AT WORK?	_	Other (Specify) Bd. DESCRIBE NOW I	NJURY OCCUR	ED			
ВУР	1 Natural 5 Pending 2 Accident Investigation	UNKNOWN Year)	UNKN	DWNM 1	YES 2				BY BLUNT FORC			
COMPLETED	3 Suicide 8 Could not be 4 Nomicide detarmined	28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)				titlee 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) UNKNOWN						
PLE	Orbor orry	AN: To the best of my knowle	dge, death occur	red at the time,	deta and place,	and dua to	the cause(a) and ma	nner as atated.				
OM	one) MEDICAL EXAMINER:	On the basis of examination	and/or investigati	on, in my opinic	on, death occure	d at the tim	e, data and place, ar	nd due to the co	ause(a) and manner as stated,			
BE (296. SH NATURE AND TITLE OF CERTIFIED				NSE NUMBE	7 04 00						
5	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEAT	TN (ITEM 27) (Typ	e, Print)		CME		/	'-21-90			
	Margarita A. 1	Korell, M.D.		11	1 Penn	St.,	Balto.,	Md. 2	1201			
	31. DATE FILED (Month, Dey, Year) 390	32. REGISTRAR'S SIGNAT	TURE VIDAGON POR	ndepe.			-					

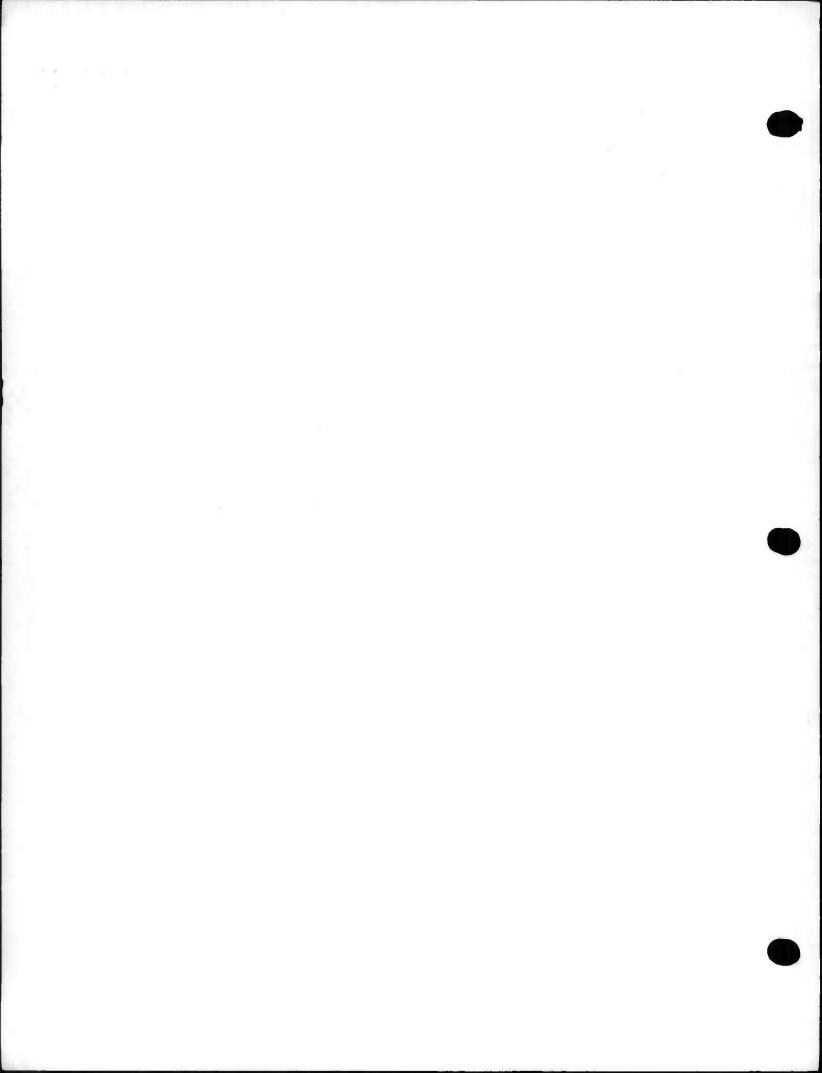
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mounts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

13146,
BOX
P.O.
RECORDS,
OF VITAL
DIVISION

	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF O	EATN			3. TIME OF DEATN
	MONTH DAY YEAR										9:30 A	
	4. SOCIAL SECURITY NUMBER	lest birthday)	IF UNDER 1 Y	EAR	IF UNDER 24 HRS.	7. OATE OF BIRTN 8. BIRT				PLACE (State or Foreign		
	578-62-9087	1 M 2 K F	94	YRS.		AYS	HOURS MIN.	Jan. I	Vone1		Country	esota
	9a. FACILITY NAME (If not institution, give		9b. CITY, TO	OWN O	R LOCATION OF DE		,	9c. COUN				
TOR	Bradford Oaks Nursing Center Clinton Prince George's											eorge's
DIRECTOR		ce George	10c. CITY, TOWN OF LOCATION Temple Hills							10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	3409 Leslie Av	enue				ZIP CODE 20748	10g. CITIZEN OF U.S.					
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Olvorced		WAR OR DATES		If yo	16, spe	ENDENT OF HISPAN celfy Cuban, Maxica 2 NO Specify	n, Puerto Ricen.		or No—	14. RACE Black Specif	- American Indian, White, etc.
0	15. OECEOENT'S EO	UCATION	16a.	OECEDENT'S	16b. KING	O OF BUS	SINESS/IND	USTRY				
COMPLET	(Specify only highest grad	College (1-4 or 5	+)	(Give kind of the Do NOT un	t or working	N.	R.I.	Fed	era1	Governmen		
OM	17. FATHER'S NAME (First, Middle, Last)			occi c c	ur y		18. MOTHER'S NA				CIGI	COVERMMEN
BEC	Benjamin Stoltma	an					Elizabe					
5	Paul L. Wedding	3					e, Clint					
	20a. METHOD OF DISPOSITION 1 XBuriel 2 Cremation 3 Red 4 Donation 5 Other (Specify)	moval from Stata	20b. PLA	CE OF DISPO	SITION (Name	of cem	onal Cen		20c. LO	CATION -	City or To	wn, State aryland
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE //	,				D ACCRESS OF FA					, , , , , , , , , , , , , , , , , , ,
	Jean 102	TYalla	0)				O Oxon H					Md.
CERTIFICATION	Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO FOR AS A CONSEQUENCE OF): DUE TO FOR AS A CONSEQUENCE OF):								7 day			
											WEDE ALTTOREY EINDING	
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PREFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDING ANALIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO										AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PL	ACE OF DEATH (Ch	eck only one)				
HYSI	1 TYES 2 NO	1 Inpatient 2		3 DOA	4 Nursin		e 5 🗆 Residence	a Other (Sp. 28d. OE\$CRIE		NJURY OC	CURED	
BY PI	1- Netural 5 Pending Investigation	(Month,	Day, Year)		JURY	1 Y	RK?					
ETED E	3 Suicide 6 Could not b 4 Nomicide detarmined	26a, PLACE building	OF INJURY — AI g, etc. (Specify)	t home, farm,	atreet, factory	r, office		2af. LOCATIO City or To			or Rural f	Route Number,
COMPLE	one)	SICIAN: To the bast NER: On the basia of										a) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIF	1 tur	om	m	D		DO Z	MBER 237	md.	29d. DAT	E SIGNED	y(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON V Pickurd A. Fa	rson, n	Death () Aga's signatur Aga's David	2825	- Ols	1#	ort R.	I Ft.	Wa	sh.	md.	20744
	31. DATE FILED (Morith, Day, Year)	00 S2. REGISTI	fulia Davi	dson-Ra	ndell					,		
		. 0			***		- "					DHMH-18 Rev

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Pages 1, 2, 3 should

permit.

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examiner

Francis J. Mulrray, M.D.

widon-Randoll

31. DATE FILED (Month, Day, Year) '90 18

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Pa	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examine
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	SPITE	ERA	11
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	포	出り	POR
	2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	E

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last)
Octavia Webb 2. OATE OF OEATH 14DAY JUTY 1990 T 7:50A 4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 579-52-1690 1 - M 2X F 90 VDQ Jan.1,1900 Wash.D. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF OEATH 9c. COUNTY OF CEATH DIRECTOR Collingswood Nursing Home Rockville Maryland Montgomery RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Rockvilleurg, Maryland Maryland X YES 2 NO Montgomery FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20850 299 Hurley Ave. United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puarto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, While, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 XNO 1 Never Married 2 Married BY 3 Wildowed 4 ☐ Olvorced White 16a. OECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INQUSTRY (Give kind of work done life. Do NOT use retired.) DC Public Schools College (1-4 or 5+) ndary (0-12) Elementary/Seco 12 4+ Director 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Walter Eisinger Annie Williams BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number City or Town, State, Zin Code) 0 William T =14211 Dufief Mill Rd.GathersburgMD20878 Reed 20b. PLACE OF DISPOSITION (Name of cametery, crematory or other place) 20a. METHOD OF DISPOSITION 20c. LOCATION - City or Town, State 1 Burial 2 Cremation 3 Removal from State 4X Donation 6 ☐ Other (Specify) George Wash. Medical School Washington D. C. 21. SIGNATURE OF THERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Columbia Mortuary Service. 225 Missiouri Ave. NW. Wash. DC 20011 23. PABY I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or haert fellure, List only one ceuse on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition DUE TO (OR AS A CONSEQUENCE OF): 4 mas. resulting in death) ntial Hypertensian
Due to (or as a consequence of): 3+ yrs. ssential CERTIFICATION Sequentisily list conditions, if any, leading to immediate 72 Ms. OUE TO TOR AS A CONSCOUENCE OF: cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to desth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO Global aphasia, both receptive and expressive COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) OTHER:
4 Nursing Home 5 Rasidence 6 Other (Specify) HOSPITAL: Inpetient 2 - ER/Outpetient 3 - DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY -- At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined ETED 4 Homicide 1 X CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, dasth occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CENTY ER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE D-7725 7/16/90 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TTU) Print)

334 New Mexico Ave., N.W., Washington,

D.C.

DHMH-18 Ray 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

s after death. Pa by the funeral of emoval.	
TO THE HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s nows after death. Page 6 may be retained by the hospit TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART				MENTA	HYGIENI REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last)	6.					2. DATE	OF DEATH		YEAR	3. TIME OF DEATH
FANNIC	Wil	liams				0		4 90		10.50 P W
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YE	_	R 24 HRS.		OF BIRTH h, Day, Year)	18	8. BIRTHE	PLACE (State or Foreign
577-16-7051	1 □ M 2 🗓 F 8]	YRS.	IONTHS DA	ROURS	Miles,	May)9		th Carolina
9a. FACILITY NAME (If not institution, give st		- 1		VN OR LOCAT	ION OF D	EATH		9c. COUN		
Liberty Medical C	Center		Balti	more				Bart.	Lmor	e County
RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY		10c, CITY.	TOWN OR LO	CATION						10d, INSIDE CITY
D.C.			ningto							LIMITS?
10s. STREET AND NUMBER			- 0	10f. ZIP COD	DE			10a. CITIZ	EN OF W	HAT COUNTRY?
622 Princeton Pla	ace			2001				U.S		
11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS	DECENDENT	OF HISPAI	VIC ORIGIN	N? (Specify Yea	or No-	14. RACE	- American Indian, White, etc.
IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:									y:	
3 A Wildowed 4 Divorced Afro-American									-American	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY										
Elementery/Secondery (0-12) 6th	College (1-4 or 5 +)		rearea.)			Pι	ublic S	Schoo!	1/ F	ed. Gov'nt
17. FATHER'S NAME (First, Middle, Last)		Cook	_	T 40 NO	PARTING ALL	105 (5)-1	Middle, Maiden	0		
John Stroman				1000			ompson	ourneme)		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDBECC /Se					State 7in	Codel	
Evonne W. Barber		622 Pri								
20a, METHOD OF DISPOSITION	200	D. PLACE OF DISPOSIT				• VV •		CATION — C	_	
1 N Buriel 2 Cremation 3 Remo	avel from State	other place)				erv				th Carolina
21. SIGNATURE OF FUNERAL SHIPMICE LIC		1					al Home			
6/2/	1 0/10	.)							20	011
22/24CT) See the Manager of	- Truck	d the death Death	42]				N.W.			
23. PART I. Enter the blaceses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart lattice. List only one cause on each line. Approximate Interval Between										
IMMEDIATE CAUSE (Final disease or condition	^	\ 1	4	c						Onset and Daath
resulting in death)	. Uver	Whelm A CONSEQUENCE OF:	ung	seps	12					
		n conseduence of):	D.	Lmon	4					
Sequentially list conditions,	DUE TO (OR AS	CONSEQUENCE OF):	· NEU	cmo n	114					
If any, leading to immediate couse. Enter UNDERLYING	Per	CONSEQUENCE OF):	l v	ascu	16.	^	D2			
CAUSE (Disease or Injury that Initiated events	OUE TO (OR AS	CONSEQUENCE OF):	:	_						
resulting in death) LAST	- Mu	Itiple		Decu	ibi-	ti				
DART II Other desilies and see distant									-	
PART II. Other aignificant condition	a contributing to death i	out not resulting in	the under	lying ceuse	given in	Part i.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
							1 - YES 2	□ NO		OF OEATH?
						— i				1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	8. PLACE OF	DEATH (C	neck anly o	ne)			
1 TYES 2 TO NO	1 Minpetient 2 ER/Out		-	Home 5 🗆 F	Residence					
27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	285. TIME INJU	RY	WORK?	□ N=	zed. OE	SCRIBE HOW I	NJURY OCC	URED	
2 Accident Investigation	28e. PLACE OF INJUR	Y At home town		YES 2	⊔ио	200 1 5 5	DATION (Commit	and No. 114	. 0	burk Marka
3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Spe		reet, rectory,	OTHER			CATION (Street a or Town, State)		or Hurai H	ioure Number,
29e. CERTIFIER								-		
(Check only 1 12 CERTIFYING PHYSI	CIAN: To the best of my known: R: On the basis of examination) and manner ea stated.
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Veer)										
< Kovrey [1]	(PAM &			296. LR			2	290, DATE	7/1	40
30. NAME AND ADDITIESS OF PERSON WA	D PON LETEO CAUSE OF D	EATH (ITEM 27) (Type, I	Print)	1 0		3 4 :			/ '	71 0-
Letter (18 m) 3001 South Hanover STREET BUH MP										
2 14 1 9 090	32. REGISTRAR'S SIG									· · ·

after death. Page 6 may be retained by the hospital or attending physician BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-cours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per filed within 72 hours after death with the State Degr. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE O	F MARYLAND	/ DEPARTMENT	OF I	HEALTH	AND	MENTAL	HYGIENE	
		ERTIFICATE	OF	DEAT	H		REG. NO.	

1 - FOR STATE REGISTRAR		STATE OF M		/ DEPARTI		HEALTH AND	MENTA	L HYGIENE					
1. DECEDENT'S NAME (First	, Middle, Last)							OF DEATH			TIME OF DEATH		
'	INEZ	D. WA	ATSON				0.7	H DAY		YEAR	4:34 AM		
4. SOCIAL SECURITY NUME			B. AGE (In yrs.		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH			ACE (State or Foreign		
478-32-915	7	1 🗆 M 2 🏋 F	78	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) Aug. 2, 1911 Iowa						
9a. FACILITY NAME (If not in	stitution, give	street and number)		9	b. CITY, TOWN	OR LOCATION OF DI	EATH		9c. COUNT	Y OF DEAT	TH .		
PRINCE GEOR	GE'S I	HOSPITAL (ENTER		CHEVER	LY			PRINC	E GE	ORGE'S		
10a. STATE	10b. COUNT	-		10c. CITY,	TOWN OR LOC	TION				10	d. INSIDE CITY LIMITS?		
MD	Princ	ce George'	S	Lan	ham					17	YES 2 NO		
10e. STREET AND NUMBER					1	of, ZIP CODE			10g. CITIZE	N OF WHA	T COUNTRY?		
6903 Heide	lburg	Road				20706			U	.S.A			
11. MARITAL STATUS 1 Never Married 2		12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2	ARMED NO	If yes, r	CENDENT OF HISPA pecify Cuban, Mexica S 2 X NO Specifi	an, Puerto		or No— 1	Black, V	American Indian, Thite, etc.		
3 Widowed 4 Divo	beard									1	White		
15. DEC	EDENT'S EDI	UCATION le completed)	16a.	DECEDENT'S US (Give kind of wor life. Do NOT use i	NAL OCCUPAT	ION lost of working	168	. KIND OF BUS	INESS/INDU	STRY			
Elementary/Secondary (College (1-4 or 5+)											
12			H	lo m emak	er			Own Ho	me				
17. FATHER'S NAME (First, A						18. MOTHER'S NA			Sumame)		-		
James Wil						Nellie							
19a. INFORMANT'S NAME (. ,					and Number or Rural				ode)			
Joan Wats				3938 W	. San	Juan, Pho	enix						
20a. METHOD OF DISPOSIT 1 X Buriel 2 Crematic 4 Donation 6 Other	on 3 🗆 Rer	noval from State	other	CE OF DISPOSIT r place) 7 Virgi:		metery, cremetory or			Viro		, Stata , Iowa		
21. SIGNATURE OF FUNERA	SERVICE L	ICENSEE			22, NAME	AND ADDRESS OF FA	ACILITY				, 10 11 1		
Mic	hou	e.h	lu			ph Gawler Wisconsi				gton	,D.C.20016		
23. PART I. Enter the d											Approximata		
IMMEDIATE CAUSE (FI		List only one caus									Interval Setween Onset and Daath		
disease or condition_	→	. Stoph	rloca	21 ho /.	2 wer	· Vepo	Lo				5 olayo		
resulting in death)	,			SEQUENCE OF):									
Sequentially list condi	tions,	b	OB AS A CON	SEQUENCE OF):									
If any, leading to imme		502 10 (ON AS A CON	SEQUENCE OF).							į l		
CAUSE (Disease or Injuthat Initiated events		c. DUE TO (OR AS A CON	SEQUENCE OF):							+		
resulting in death) LAS	ST												
		d									+		
PART II. Other algnific					tha underly	ng cause given in	Part I.	24a. WAS AN			PERE AUTOPSY FINDINGS		
corpu	ente	Huent	tai	Inc				1 TYES 2	□ NO	C	OMPLETION OF CAUSE IF DEATH?		
										100	YES 2 NO		
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	Hocara				PLACE OF DEATH (C	heck only o	ne)					
1 YES 2 JAG		HOSPITAL:	ER/Outpatian		OTHER:	me 5 🗆 Residence	8 🗆 Oth	er (Specify)					
27. MANNER OP DEATH 1 Natural 6	Pending	28a. DATE OF (Month, Da	INJURY y, Year)	26b. TIME INJUI	RY \	NJURY AT YORK?	28d. DE	SCRIBE HOW II	NJURY OCC	JRED			
2 Accident 3 Suicide	Investigation	28e. PLACE OF	INJURY — A	t home, farm, etr			28t. LO	CATION (Street a	and Number o	r Rural Rou	ite Number,		
4 Homicide	Could not be detarmined	building,	etc. (Specify)				Ch	or Town, State)			***************************************		
29a. CERTIFIER	FIRMING BUIL	2004111 70 100 100 100					577		24.5				
contact dray		SICIAN: To the beat of NER: On the beats of ax									and manner as stated.		
296. SIGNATURE AND TITE	E OF CENTIFI	ER Alter	1:2	Phyor	ردم	29c. LICENSE NU	MBER 079		29d. DATE	SIGHED (A	Agent, Day, Year)		
30. NAME AND ADORESS (THO COMPLETED CAUS	E OF DEATH (TTEM 27) (Type, F	Print)	29c. LICENSE NU J 20	Rd	المال المال	32 14	01 /	echool no		
31. DATE FILED (Month, Day		Oz. HEORGITH	I O GIGHTINI OF	16.				10000		1	20701		
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely used in t	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or rev	
	0	0	9	
	-	-	0	

IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Image		1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
THE RECORD TO CORRECT STUDIOS OF THE STATE O			-						/ /	6	7	0130
No. CRITY TOWN ON LOCATION OF DEATH STANDARD OF THE PRINTS STLUER SPRING SILVER SPRING WONTCOMERY 10. CITY, TOWN ON LOCATION OF DEATH SOUTHWARD STANDARD			_ V	_					(Month, Day, Year,		Count	hy)
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27. MANNER OF DEATH Netural 5 Pending investigation 28e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 YES 2 NO 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER sequences 28d. DESCRIBE HOW INJURY OCCURED	: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition	c. DUE TO (OR AS	6don	OUENCE OF	the under	rlying cel	JUS .	PER	ORMED?	241	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
Netural 5 Pending Investigation 2 Accident 3 Suicide Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER accidency 29d. DATE SIGNED (Month, Day, Vear) Church Capber Paul Jazel Gwunc framus 7/14/90 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Church for place Paul Tardif 710 N, Wayne St. # 305 Aling for VA 22201	AN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Dissess or Injury that Initiated events resulting in deeth) LAST PART II. Other significant condition gastric 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS d	but not i	overee or	the under	26. PLACE	OF DEATH (C)	PER 1 VES	ORMED?	241	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
28. PLACE OF INJURY — At home, farm, street, factory, office 28. PLACE OF INJURY — At home, farm, street, factory, office 4 Nomicide 28. PLACE OF INJURY — At home, farm, street, factory, office 28. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER AUGUST 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Christopher Paul Tardif 710 N, Wayne St. #305 Aling for VA 222 201	SICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (OR AS d	but not in per	resulting in	other:	26. PLACE	OF DEATH (C/	PER 1 YES 1 Other (Specify)	PORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
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30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Christopher Paul Tardif 710 N, Wayne St. #305 Aling for VA 22201	OMPLETED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Hatural 5 Pending investigation 2 Accident 3 Suicide e Could not be determined 29s. CERTIFIER (Check only)	DUE TO (OR AS DUE TO	bdon but not i per utpettent 3 y RY — At hopeoffy)	DOENCE OF THE PROPERTY OF THE	the under the un	26. PLACE Home 5 c. INJURY WORK? I YES office	OF DEATH (C/ Residence AT 2 NO	PER 1 YES Seck only one) 8 Other (Specify) 28d. DESCRIBE HO City or Town, Si to the cause(e) end	W INJURY O	CCURED er or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 NO
Christopher Paul Tardif 710 N. Wayne St. #305 Hinston 22201	E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending investigation 3 Suicide e Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	DUE TO (OR AS DUE TO	bdon but not i per utpettent 3 y RY — At hopeoffy)	DOENCE OF THE PROPERTY OF THE	the under the un	26. PLACE Home 5 c. INJURY WORK? YES office	OF DEATH (C) Recidence AT 2 NO plece, end due occured at the	PER 1 YES 1 YES 1 Other (Specify) 28d. DESCRIBE HO 28f. LOCATION (Sin City or Town, Si to the cause(s) end time, date and place	W INJURY O wet and Numb ate)	CCURED er or Rural tated. the cause(AMALABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 100 Route Number,
W 31 LIAIT FILED (MOVED 130) WAR! 1 32 DECISTRAD'S SUBJECTIONS	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS DUE TO	bdon but not a per utpetient 3 Y) RY — At hopocity) owledge, de	DOUBLE OF	the under the under the under the under the under the under the three that the time, in my opin	26. PLACE Home 5 c. INJURY WORK? YES office	OF DEATH (C) Recidence AT 2 NO plece, end due occured at the	PER 1 YES 1 YES 1 YES 2 Other (Specify) 2 Ed. DESCRIBE HO 281. LOCATION (Sin City or Rown, Si to the cause(e) end time, date end place 1 MBER AUGUST FARMALLY FARMAL	W INJURY O	ccured er or Rural lated.	AMALABLE PRIOR TO COMPLETION OF CAU- OF DEATH? 1 YES 2 NO Route Number, (e) end menner as state D (Month, Day, Year)

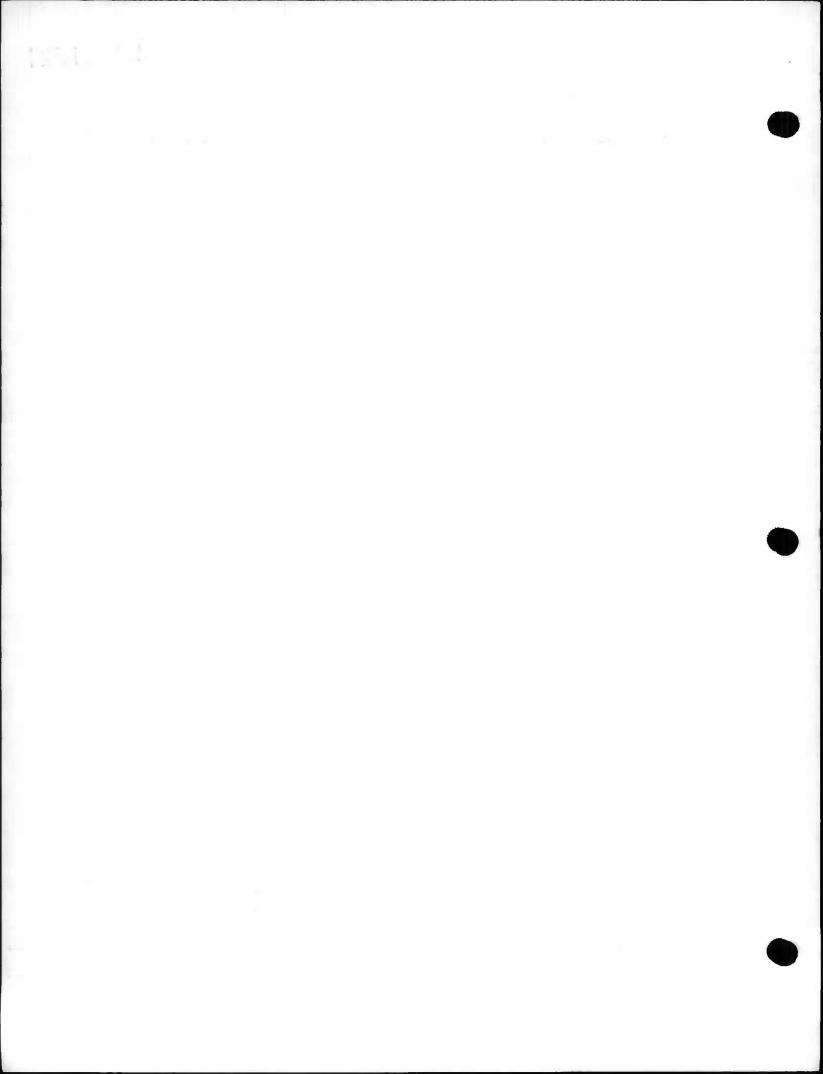
FOR STATE

	REGISTRAR			IFICAT	E OI	DEATH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) SARA	F. Wise		lse			2. DATE OF I	DEATH DAY		YEAR	3. TIME OF DEATH 7:52 AM
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthde	MONTH	ER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, De July	BIRTH y, Year)		6. BIRTHI Country NJ	
TOR	90. FACILITY NAME (If not institution, give street Suburban Hospital BESIDENCE OF DECEDENT					or Location of DE	ATH		9c. COUN		omery
DIRECTOR	10a. STATE 10b. COUNTY		10c.	CITY, TOWN	OR LOC	ATION					10d. INSIDE CITY
ā	MD Mont.		(Chevy							1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER 4701 Willard Ave.				1	0f. ZIP CODE 20815				S.A.	HAT COUNTRY?
à l	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 X NO	1	If yes,	ECENDENT OF HISPAN specify Cuban, Maxica S 2 XNO Specify	n, Pusrto Rica		or No—	Special Whi	- American Indian, , White, atc. 7: te
COMPLETED		TIÓN mpleted) College (1-4 or 6+)		of work dor T use retired	e during i !.)	TION nost of working	16b. KIN		INESS/IND	JSTRY	
MP	12 17. FATHER'S NAME (First, Middle, Last)		Home	emake	r	16. MOTHER'S NA	445 (5) 441-1	At H			
BE CO	Jame Mitchell					1111 - 12 / 12 / 12 / 12	a Simo		Sumame)		
TO B	19a. INFORMANT'S NAME (Type/Print)					arm Rd.					
	Nancy Connelly 29. METHOD OF DISPOSITION 12. Burisl 2 Cremation 3 Remov	al from State P	b. PLACE OF DIS	POSITION	Name of o	emetery, cremetory or PK. Cem		20c. LOC	eation - o	City or To	wn, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICE	ISEE A	0.	2		AND ADDRESS OF FA eph Gawle:				0016	
ATION	23. PART I. Enter the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	Myo CANA	aach line.	FAR			n as cardiac	or reapi	retory arm	,	Approximate interval Between Onset and Death
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENC	E OF):							
MEDICAL	PART II. Other aignificent conditions	contributing to deeth	but not resulti	ng in the	underly	ing cause given in		PERFOR	MED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF DEATH (C)	heck only one)				
rsic		HOSPITAL: 1 Kinpetient 2 - ER/Ou	tpetient 3 🗆 DO	A 4 🗆 I		ome 6 🗆 Residence	6 Other (S	pecify)			
ву РН	27. MANNER OF DEATH 1 Natural 6 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)		TIME OF INJURY M		NJURY AT WORK? YES 2 NO	26d. DESCR	IBE HOW II	NJURY OCC	CURED	
	3 Suicide 6 Could not be determined	26e. PLACE OF INJUR building, atc. (Sp	₹Y — At home, far ecify)	rm, street, I	actory, of	fica		ON (Street a own, State)		or Rural I	Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI EXAMINER										i) end manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER William & Silver	ernen MD			-	29c. LICENSE NU D 27					(Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO WILLIAM H. SILVEN	mm), mD 61.	11 Execu	AVE E	BLUD	ROCKVILLE	is mo	20	852		
	31. DATE FILED (Month, Dey, Year), 90	32. REGISTRAR'S SIG	HASON Par	delle							

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR		STATE OF MARYI	AND / DEPA CERTII				MENT	AL HYGIENE REG. NO.			
1. DECEDENT'S NAME (First	Middle, Last)	L So	nia				2. DAT	E OF OEATH	3-90	3.	TIME OF DEATH
4. SOCIAL SECURITY NUMBER)	(In yrs. lest birthday	IF UNDER	_	IF UNDER 24 HRS.	(Mo	E OF BIRTH		Country)	ACE (State or Foreign
183-20-3551 9a. FACILITY NAME (If not inst		M 2 F	77 YRS.	9b, CITY.	TOWN OR	LOCATION OF O		7,1912	9c. COUNTY	kra:	
Suburban Hos		,			ethes				Montg		
RESIDENCE OF DECI	10b. COUNTY		10c, C	ITY, TOWN O	R LOCATIO	N				10	od. INSIDE CITY
Maryland	Montgo	mery		tomac							LIMITS?
10e. STREET AND NUMBER					101. Z	IP CODE			10g. CITIZEN	OF WH	AT COUNTRY?
11508 Hornfa						20854				S.A	
11. MARITAL STATUS 1 Never Married 2 Vivi	Warried	2. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 TNO	1		ify Cuban, Mexica	in, Puert	GIN? (Specify Yea o Rican, etc.)	or No.— 14.	Specify:	American Indian, Yhita, atc.
	DENT'S EOUCAT highest grade cor		16a. DECEDENT	'S USUAL Of of work done of use retired.)	CCUPATION during most	of working	1	6b. KINO OF BUS	INESS/INDUST	TRY	
Elementary/Secondary (0-	12)	College (1-4 or 8+)	Homem.					Home			
17. FATHER'S NAME (First, Mic	idle, Last)		Homen	akei		IS. MOTHER'S NA	ME (First	t, Middle, Maiden S	Surname)		
Avraham		Greenberg			1	Gert	rud	e	Reshe	tnil	k
19a. INFORMANT'S NAME (Ty								imber, City or Town			
	Satinsk						-Pot	omac,Ma			0854
20a METHOD OF DISPOSITION SURPLINE 2 Cremation 4 Donation 5 Other		I from State	other place) lar Zion			tery, crematory or			ingdal		
21. SIGNATURE OF THE ERAL	-		101 01011			ADDRESS OF FA	CILITY	Joorn	111,6441	,	
1/	1	11	40					g Memor			
23. PART I. Enter the di											ryland 2085 Approximata
IMMEDIATE CAUSE (Fin disease or condition resulting in death)		CURLUZ	A CONSEQUENCE	Mor	rho	ige		/			Interval Between Onset end Death
Sequentially list conditi- if any, leading to immed cause. Enter UNDERLY!! CAUSE (Disease or Inju- that initiated evental resulting in death) LAST	flete NG Ty c	11 (Carlo)	A CONSEQUENCE		ul	roas	cu	lard	isea	40	years
PART II. Other significa	E	contributing to deeth		g in the ur	nderlying	cause given in	Part I.	24a, WAS AN PERFOR 1 VES 2	MEO?	0	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? YES 2 NO
25. WAS CASE REFERRED TO					26. PLA	CE OF OEATH (C	heck only	r one)			
EXAMINER?		OSPITAL:	rtpatient 3 DO/	OTHE		5 - Residence	6 🗆 0	ther (Specify)			
	Pending	28a. DATE OF INJUR (Month, Day, Year		TIME OF INJURY M	28c. INJU WOR	RY AT K? ES 2 NO	26d. 0	DEȘCRIBE HOW II	NJURY OCCUI	REO	
3 Suicide 6	Investigation Could not be datermined	28e. PLACE OF INJU- building, etc. (S)	RY — At home, feri pec/ly)	m, street, fac				OCATION (Street 6 City or Town, State)	and Number or	Rural Roo	ste Number,
one) 2 MEDI	CAL EXAMINER:	AN: To the best of my kno									and manner as stated.
20 b. SIGNATURE AND TITLE	mote	5MD	DESTU HTTM OT	San Drive		29c, LICENSE NI 0465	76		▶ 7/	181	Mghth, Dey, Year)
DAVID SATI	VSKY,	17/5 MEDIC	AL CAVIE	R DR	IVE.	ROCKV	ILLE	E MD	2085	0	
31. DATE FILED (Month, Dey,	- 100	32. REGISTRAR'S SU	GNATURE PAR	delle	,						



3. TIME OF DEATH

1 YES 2 NO

DHMH-16 Rev 1/89

14. RACE — American Indian, Black, White, etc.

WHITE

8. BIRTHPLACE (State or Foreign Country)

New Jersey

Montgomery

10g. CITIZEN OF WHAT COUNTRY?

Specify:

90

9c. COUNTY OF DEATH

U.S.A.

RESIDENCE OF

10e. STATE

DIRECTOR

FUNERAL

BY

4. SOCIAL SECURITY NUMBER

MD

1 Never Married 2 Merried

3 Widowed 4 Divorced

10e. STREET AND NUMBER

7019

11. MARITAL STATUS

220 46 9174

EdNA

9a. FACILITY NAME (If not institution, give street and number)

DECEDENT

10b. COUNTY

DOPLAR

23

'90

NORTH

1 - M 2 X F

POPLAR AVENUE

Montgomery

AVENUE

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 2 2 NO IF YES, GIVE WAR OR DATES

WATERS

6. AGE (In yrs. last birthday)

10c. CITY, TOWN OR LOCATION

AKOMA

IF UNDER 1 YEAR | IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

101. ZIP CODE

20912

If yes, specify Cuben, Mexican, Puerto Ri

1 YES 2 NO Specify:

MIN.

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-

DAYS

AKOMA

2. DATE OF DEATH MONTH

7. DATE OF BIRTH
(Month, Day, Year)
5/04/0/

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

2 2 2	(Specify only highest gradient (0-12) 12 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	(Give kind of work done during national life. Do NOT use retired.)	nost of working		
	17. FATHER'S NAME (First Middle Last)		Homemaker		At Home	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Doyl	e	18. MOTHER'S NAME (F	irst, Middle, Melden Surneme) Barrows	
	190. INFORMANT'S NAME (Type/Print) John Forrest W	aters			Number, City or Town, State, Zip Cane #720 Roc	
I	20e. METHOD OF DISPOSITION 1 To Burlel 2 Cremation 3 Re 4 Donation 6 Other (Specify)	2	eetsville Pre	sb. Ch. Ce	20c. LOCATION - CH	ny or Town, State mantown, MD
100	> Kentall Sur	ioGines //	encel 22. NAME TA	AND ADDRESS OF FACILITY KOMA FUNET	RAL HOME, INC	
	23. PART I. Enter the diseases, o ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in desth)	. List only one cause on	sed the death. Do not enter the n each line.	node of dying, such as	cardiac or reapiratory arres	Approximate Interval Batwee
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	С	B A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF):	Cardiovase	ular Disea	se Years
MEDICAL CE	PART II. Other algorificant conditions the pertial of the pertial	_	but not resulting in the underly	ing cause given in Part	I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDING AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		26.	PLACE OF DEATH (Check or	nty one)	
200	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/O	OTHER:	ome & Residence & 🗆		
BY PHY	27. MANNER OF DEATH 1 Netural 8 Pending 2 Accident Investigation	28e, DATE OF INJUR (Month, Day, Year	n) INJURY	NJURY AT 28d WORK?	I. DESCRIBE HOW INJURY OCCU	PREO
EIED	3 Suicide 6 Could not b	26e. PŁACE OF INJU building, etc. (S	IRY — At home, farm, street, factory, of (pecify)	fice 28f.	LOCATION (Street and Number of City or Town, State)	r Rural Route Number,
COMPLE	cond only		owledge, deeth occurred at the time, de			
0 86 0	29b. SIGNATURE AND TITLE OF CERTIF	hely De	Examiner	29c. LICENSE NUMBER		SIGNED (Month, Day, Year) - 20-90

Lulia Davidson-Randall

Le Carrier service a final service

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 8 may be retained by the hospital or attending physician.

TO THE FUNEDAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

	REGISTRAR	CERTIFIC	AILO	FUEATH	REG. NO).	
!	1. DECEDENT'S NAME (First, Middle, Lest) KYO IL YI				2. DATE OF DEATH JULY 21) AY 1	3:30 PM M
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. 592-82-7217 1 □X м 2 □ F 49		F UNDER 1 YEAR		7. OATE OF BIRTH (Month, Day, Year) June 20,	1941	BIRTHPLACE (State or Foreign KOTEA
ı	9a. FACILITY NAME (If not institution, give street and number)	91	b. CITY, TOW	OR LOCATION OF DEA	TH	9c. COU	INTY OF DEATH
TOR	2317 Glenallen Lane Apt. T-1		Silve	er Spring		Mon	ntgomery
<u>n</u>	10a. STATE 10b. COUNTY	10c. CITY, T	OWN OR LO	ATION			10d. INSIDE CITY LIMITS?
L DIR	Maryland Montgomery 100. STREET AND NUMBER	Sil	ver Sp	oring		T 40- 017	1 YES 2 NO
FUNERAL DIRECTOR	2317 Glenallen Lane Apt. T-1			IUI. ZIP CODE			ermanent resident
B⊀	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS OECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED NO	If yes,	ECENDENT OF HISPANIC specify Cuban, Mexican, ES 2 PNO Specify:		es or No—	14. RACE — American Indien, Bleck, White, etc. Specify: Oriental
	15. OECEDENT'S EDUCATION (Specify only highest grade completed)	DECEDENT'S US	UAL OCCUPA	TION	16b. KIND OF BI	JSINESS/IN	DUSTRY
COMPLETED	Elementary/Secondary (0-12) 1 - 9 th N/A	Carpe	etired.)	most or working	Self	emp1c	oyed
8	17, FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S NAM	E (First, Middle, Maide	n Sumama)	
Ö	Joung Mo Yi				obtainabl		
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AL	DDRESS (Stre	at and Number or Rural Ro	oute Number, City or To	wn, State, Zi	(p Code)
2	Chong Cha Yi	2317 G	lena1	len Lane T	-1 Silve	r Spi	ring, Md.
	20s. METHOD OF DISPOSITION 1	Norbec	ion (Name of k Mem	cometery, cremetery or orial Park	20c. L		y, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22 NAME	AND ADDRESS OF FACE	Funeral	Home	
9	Tours Went	en-		•			ring, Md. 20904
	PART I. Enter the diseases, or complications that caused the shock, or heart failure. List only one cause on aschibited and condition condition as a conditi	death. Do not line.		and of dying, such		olratory ar	Approximata Interval Batween Onset and Death
_	DUE TO (OR AR A CO	NSEQUENCE OF):	CIM	05=5			5400S
EDICAL CERTIFICATION	Sequentielly list conditions, If any, leading to immediate ceuse. Enter UNDERLYING	NSEQUENCE OF):					
IFIC/	CAUSE (Disease or injury that initiated events DUE TO (OR AS A COR	NSEQUENCE OF):					
FR	resulting in death) LAST						
Ö	PART II. Other significant conditions contributing to death but n	ot resulting in	the underly	ing cause given in F	Part I. 24a, WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
CA	Dantutistenia				PERFO	PAMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	1.2					2 MO	OF DEATH?
2 :-					_		
AA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			PLACE OF DEATH Chec	ck only one)		
Sic	HOSPITAL: 1 YES 2 NO 1 Inpatient 2 ER/Outpatien		OTHER:	lome 5 Residence 6	Other (Specify)		
BY PHYSICIAN: M	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26b. TIME (TY	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY O	COURED
	3 Suicide 8 Could not be building, etc. (Specify)	At home, farm, str	eet, factory, o	ffice	281. LOCATION (Street City or Town, State		er or Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge one) 2 MEDICAL EXAMINER: On the best of examination and						
BE CO	29b. SIGNATURE AND TITLE OF CENTIFIER	. ()		29c. LICENSE NUM			TE SIGNED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, P	vint)	1 1J-3	01/1	ina	1-00 91=
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATUR	AE STUD	rd A	77,511	N/15 1	17	MI) 20/10
	JUL 24 '90 Julia Davidso	on Randal	2				

DESGL 1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within security death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directic, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE	0F	MARYLA	AND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIE	NE
			CE	RTIFICATE	OI	F DEAT	H		REG. N	Ο.

	FOR STATE REGISTRAR	TATE OF MARYL	AND / DEPARTM			MENTAL HYGIEN	E	
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	Y YEA	3. TIME OF DEATH
ĺ	DONALD	ANTHONY	ZUK	OWSKI		7 15	90	12·10 A M
			No.	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Co	RTHPLACE (State or Foreign puntry)
	114 22 3034	x M 2 □ F 17	/ YRS.			2-20-1973		w York
_	Northbound			b. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY O	F DEATH
0	Rt. 301 & Queen Ann	<u>ie Bridge P</u>	Road	Воз	rie		Prince	George's
E C	10a. STATE 10b. COUNTY			OWN OR LOCAT	ION			10d. INSIDE CITY
DIRECTOR	Maryland Prince	George's	Bowi	.e				LIMITS?
AL.	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?
띮	2605 Kenway Lane				20715		Unite	d STates
FUNERAL	11. MARITAL STATUS 12. 1 💢 Never Married 2 Married	WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED			IC ORIGIN? (Specify Year, Puerto Ricen, atc.)	or No 14. R	IACE - American Indian, Black, White, etc.
BY		IF YES, GIVE WAR OR D			2 NO Specify.		s	White
	15. DECEDENT'S EDUCATION		16a. DECEDENT'S US	UAL OCCUPATION	N	16b, KIND OF BUS	I SINESS/INOUSTR	
	(Specify only highest grade comp	pleted) oltega (1-4 or 5+)	(Give kind of wor life. Do NOT use i	k done during mo etired.)	at of working			
1	11		Studen	t		High	Schoo1	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAM	ME (First, Middle, Maiden	Sumame)	
BE (Donald B. Zukowski				Barbar	a Dowd		
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ODRESS (Street a	nd Number or Rural R	Noute Number, City or Tow	n, State, Zip Code)
-	Barbara Zukowski					e Marylan		
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ramoval	from Stata	 PLACE OF DISPOSIT other place) 				CATION — City o	Control Control
	4 ☐ Donation 5 ☐ Other (Specify)		Lakemont M		Gardens D ADDRESS OF FAC		idsonvi	lle Maryland
ľ	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE				Tuneral Ho	me, P.A	
	Roberto E.	Loans	Pres	16000	Annapol	is Rd. Bo	wie Mar	vland 10715
	23. PART Enter the diseases, or company ahock, or heart feliure. Liet			enter the mo	de of dying, sucl	h ea cardiec or reap	ratory arreat,	Approximate Interval Between
1	IMMEDIATE CAUSE (Final							Onset and Death
	disease pr condition	Multiple	injuries	compli	ated by	compression	on	
1								
NO N	Sequentially list conditions, b. —	asphyxia	A CONSEQUENCE OF):					<u> </u>
AT	if eny, leeding to immediate cause. Enter UNDERLYING							!
F	CAUSE (Disease or Injury thet Initieted events	DUE TO (OR AS	A CONSEQUENCE OF):					
CERTIFICATION	resulting in death) LAST							
	PART II. Other significent conditions of	ontributing to death (but not resulting in	the underlyin	ceuse given in	Part I. 24a, WAS AN	ALITOPSY	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	FAIT II. Other agrillosite concentrate of	Jimbumg to death i	out not resulting in	are underlyin	g codeo given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1 K YES	NO D	OF DEATH?
Σ						_		1 📉 YES 2 🗌 NO
A	25. WAS CASE REFERRED TO MEDICAL			26. P	ACE OF DEATH (Ch	eck only one)		
Sic		OSPITAL:		OTHER:	e 5 🗆 Residence	6	scene	
Ŧ	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	OF 26c. IN.	URY AT	28d. DESCRIBE HOW		D
ВУР	1 Natural 8 Pending 2 Accident Investigation	7-14-90	10:30		YES 2 X NO	Passenger	in aut	o/pickup truc
	3 Suicide 8 Could not be	28a. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, atr	eet, factory, offic	•	281. LOCATION (Street City or Town, State	and Number or Ri	well Route Nurth Ission
	4 Homicide determined	105-116-11	street			Rt. 301 &	Queen A	Anne Bridge Rd
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIAN	N: To the best of my know	wiedge, death occurred	at the time, date	and place, and due	to the cause(s) and ma	nner as state	owie, Md.
NO.		on the beals of examination	on and/or investigation,	In my opinion,	leath occured at the	time, data and place, a	nd dua to the car	use(s) and menner as stated.
	206. SUCHATURE MICH. SYTLE OF CENTIFIER				29c. LICENSE NUI	WBER	29d. DATE SIG	NED (Month, Day, Year)
BE C	4 Vh	1			OCI	ME	7-1	15-90
임	30. NAME AND ADDRESS OF PERSON WHO O	DMPLETED CAUSE OF D	EATH (ITEM 27) (Type, F	Print)				
		n, M.D.		n Stree	t Ba	ltimore, M	ld. 2120)1
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG			3-1		75	
- 1	JUL 4 y y Grah	Davidson-Ra	nauce					

e fast er

se as the burish transit permit. Pages 1, 2, 3 should attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be manned TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directs, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: It liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified.

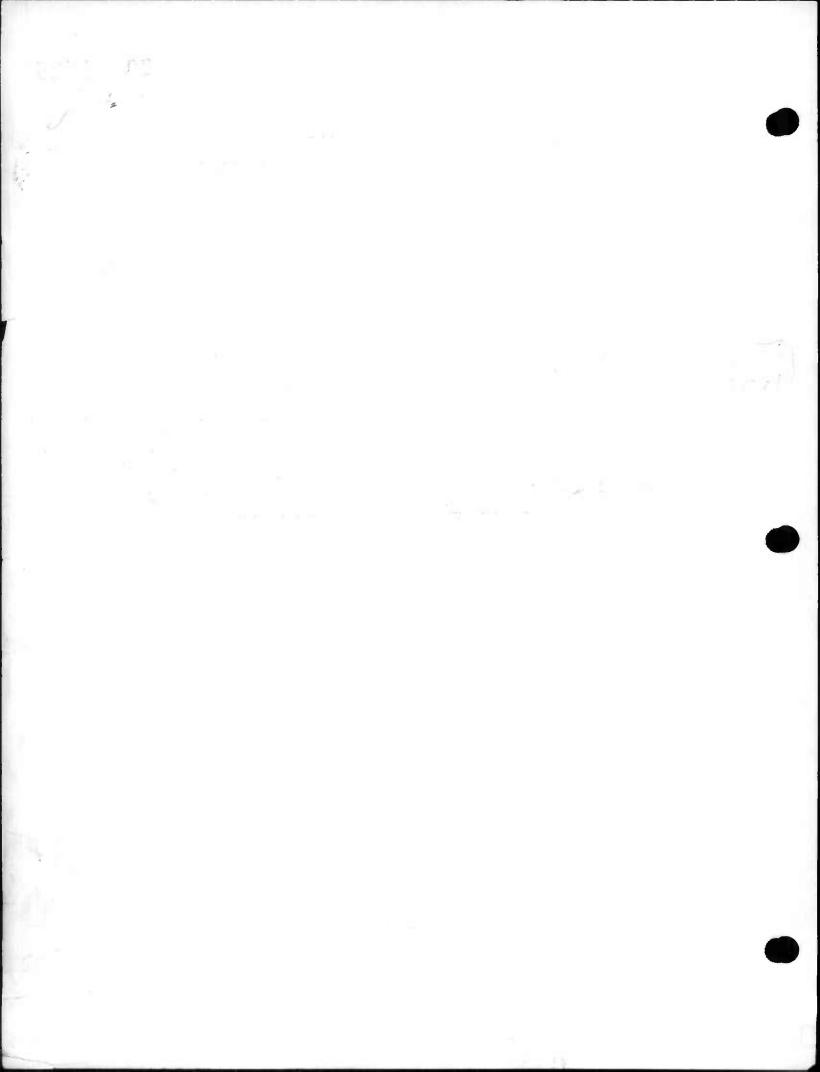
31,03-3146

BALTIMORE, MARYLAND

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MAR					EALTH ANI	D MEN	TAL HYGIEI	NE	Ü	414	123
	1. DECEDENT'S NAME (First, Middle, Lest)								ATE OF DEATH			IME OF DE	ATH
	Tyrone Ju	nior				1	ashe		8 8		90 1	0:37	Ам
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. las	t birthday)	IF UNDE	R I YEAR	IF UNDER 24 HR		TE OF BIRTH		BIRTHPLAC	CE (State or	Foreign
	214-58-8166	1 🐼 M 2 🗆 F	41	YRS.	MONTHS	DAYS	HOURS MIN	Mai	onth, Day, Year)		Country)	and	
	9a. FACILITY NAME (If not institution, give s	treet end number)	7)		9b. CITY	r, TOWN (OR LOCATION OF	11104	, , , , ,	9c. COUNTY			
DIRECTOR	Johns Hopkins Ho	spital					Bal	timo	re				
ñ	10a. STATE 10b. COUNTY	1		10c. Cl	TY, TOWN	OR LOCAT	ION				10d	. INSIDE CI	TY
	Maryland 100. STREET AND NUMBER			Ва	ltim		, ZIP CODE			10g, CITIZEI		XYES 2 [
FUNERAL	442 North Robins						21224			u.	S. A	•	
5	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EV FORCES? 1			13.		ENDENT OF HIS ecity Cuben, Me		IGIN? (Specify York Rican, atc.)	e or No- 14	Black, Wh	American in ita, etc.	dlan,
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES			1 TYES	2 NO Sp	pecify:			Specify:	Blac	h
	15. DECEDENT'S EDU	CATION	140 DE	CEDENT	S USUAL C	COLIDATIO	DN .		16b. KIND OF B	I CINECE /INDUS	TOV	БСАС	LIK.
1	(Specify only highest grade	completed)	(G	ive kind of	work done	during mo	ast of working		100. KIND OF B	J3114E33/114D03			
COMPLETED	10th Grade	College (1-4 or 5+)	Au	tomo	bile	Cle	aner			Car Was	sh		
8	17. FATHER'S NAME (First, Middle, Last)								rst, Middle, Maide	n Sumeme)			
BE	Lewis Caldwell				_		Gladi						
5	19e. INFORMANT'S NAME (Type/Print)		19						Number, City or To				0100
-	Gladys Jones								Balti				21224
	20e, METHOD OF DISPOSITION 1 A Buriel 2 Cremetion 3 Rem	ioval from State	20b. PLACE other pi	OF DISPO	OSITION (N	sme of ce	metery, crematory	or		OCATION — CIT			
	4 🗆 Donetion 5 🗀 Other (Specify)	\perp	weste	rin S	tar	Ceme	tery		Ca	tonsvil	ce, i	Maryk	Land
	21. SIGNATURE OF FUNERAL SERVICE LI	ENSER	1		225	NAME A	ND ADDRESS OF	FACILITY	Nutte Pkwy.	r Fune	ial H	omes,	Inc.
	- Committee	TEmas	4/-			0. 0	vogriros i	1 0000	Baltim	ore, Mo	מלעות	nd 21	1216
	23. PART I ¹ . Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cirrhos DUE TO (OR	on each line	live	er Of):	r the mo	ode of dying,	auch aa	cardiac or rea	piratory arrea	it,		Between and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	C	C ALCOH	OUENCE	OF):								-
0	PART II. Other algnificant condition	na contributing to de	ath but not	resulting	In the u	nderlyir	g cause giver	n In Part	I. 24a. WAS /	IN AUTOPSY	24b. WE	RE AUTOPS	Y FINDINGS
S				14.	a	• • • • • •				ORMED?		MPLETION C	
MEDIC		_							1 X YES	-		DEATH?	
									HEA	ND ONLY	ξ۱ ۱	YES 2 (_ NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					00.0	LACT OF DEATH	1 (0)					
2	EXAMINER?	HOSPITAL:			ОТНЕ	R:	LACE OF DEATH						
YS	1 YES 2 NO	1 Inpetient 2 SEF				_	ne 5 🗆 Resider						
F	27. MANNER OF OEATH 1 X Natural 5 Pending	28a. DATE OF INJ (Month, Day,	Year)	28b. Ti	NJURY	W	JURY AT ORK?		. DEȘCRIBE HOV	INJURY OCCU	HED		
8	2 Accident Investigation						YES 2 NO						
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF It building, etc.	Specify)	ome, term	, street, 18	ctory, offi	Ca	261.	LOCATION (Street City or Town, Ste	te) ,	HUNII HOUR	Number,	
E .												_	
COMPLETED	(Check only	ER: On the basis of exam										d manner a	s stated,
	29b. SIGNATURE AND THE CONTROL	n 1///					29c. LICENSE	NUMBER		29d. DATE	SIONED (Ma	onth, Day, Ye	iar)
BE	10/1	All, 14						OCME			/2/90		1. 33
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITE	M 27) (Tv	pe, Print)	_	1	CCITIC	1	0	1613	,	
	Frank J. Perett:						lll Per	n C+		Balto	MI		
					•		III rei	ונו טכ	•	Darce	, UID.	•	
	31. DATE FILED MONTH ON TON 1990	37. REGISTRAP'S	on-gand	400							N		

DHMH-16 Rev 1/89

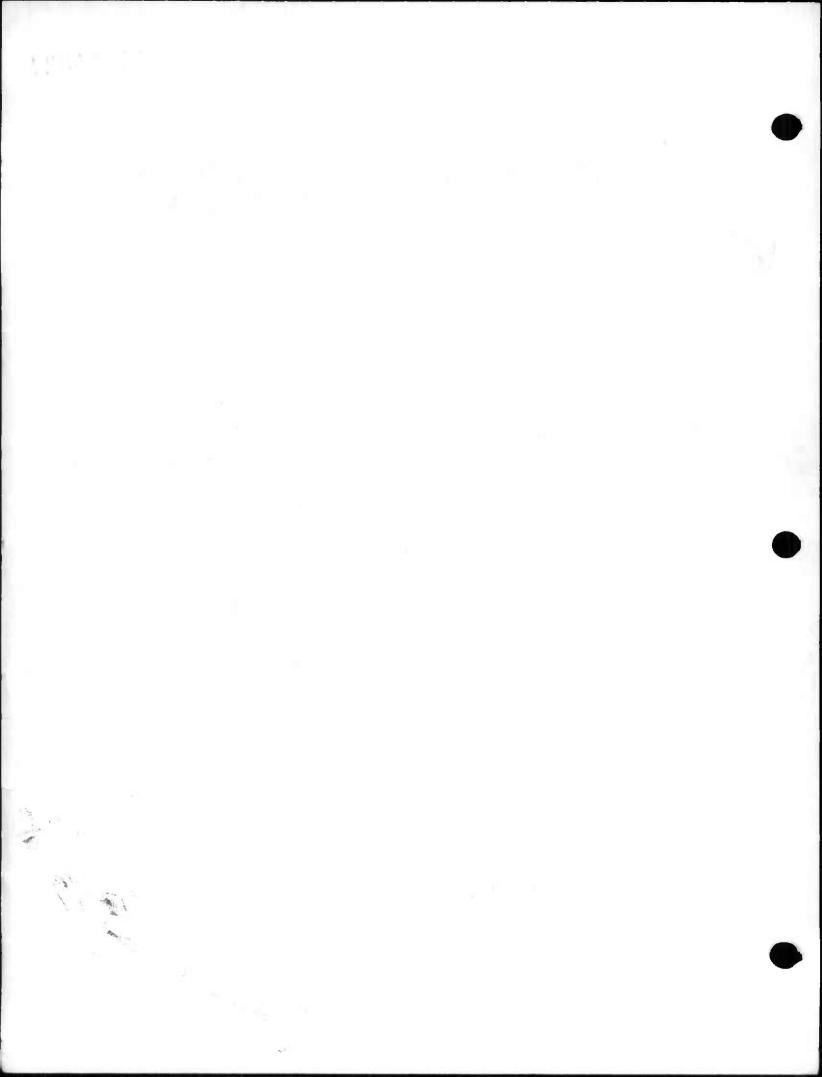


31. DATE FILED AV

	1 - FOR STATE REGISTRAR		CERTIFICA			NTAL HYGIENI REG. NO.	E	
	1. OECEDENT'S NAME (First, Middle, Last) EVELYN FOGL	EAM	1BROSE			DATE OF OEATH DA	9 YEAR	3. TIME OF GEATH 6:35 P.M.M
	4. SOCIAL SECURITY NUMBER 5. SEX 218-22-6630 1 🗆 N		yrs. lest birthdey) IF I	1	ours I am	DATE OF BIRTH (Month, Day, Year)	Cou	THPLACE (State or Foreign ntry)
	9a. FACILITY NAME (If not institution, give street and	number)	9b.	CITY, TOWN OR	LOCATION OF OEATH		9c. COUNTY OF	OEATH
TOR	ST. Agnes HOSP	· .		Balt	imore	2		
DIRECTOR	10a, STATE 10b, COUNTY Md			wn or Location	e City			10d. INSIDE CITY LIMITS? 1 X YES 2 ND
AL	10e. STREET AND NUMBER				IP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	130 S. East Av				21224			USA
BY FUN	1 Nover Married 2 Married FOI	S DECEDENT EVER IN RCES? 1 TYES YES, GIVE WAR DR DA	21290	If yes, specif	DENT OF HISPANIC of ty Cuban, Maxican, P	ORIGIN? (Specify Yes Puerto Rican, etc.)	Bio	CE — American Indian, ack, White, atc.
OE	15. OECEOENT'S EDUCATION (Specify only highest grade complete	nd)	16a. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	AL OCCUPATION done during most of	of working	16b. KIND OF BUS	INESS/INDUSTRY	
COMPLETED	Elamentary/Secondary (0-12) Colleg	ge (1-4 or 5+)		maker			Homema	ker
BE CO	17. FATHER'S NAME (First, Middle, Last) Henry Fog	ıle		1		(First, Middle, Meiden nnah Ro		n
TO B	190. INFORMANT'S NAME (Type/Print) Mrs. Ivan B.Stein	er				to Number, City or Town		7450
	20e METHDD OF DISPOSITION 1X Burial 2 Cremation 3 Removal from	m State 20b.	PLACE OF DISPOSITIO	N (Name of comet	tery, crematory or	20c. LO	CATION — City or	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUHERIAL SERVICE LICENSEE	-	^	22. NAME AND	ADDRESS OF FACILI	TY		
	Dalles 4. Tiburns	fae, Jr.	.D.			defeld . Bal.M		
	23. PART Enter the diseases, or compile ahock, or heart failure. List on IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ly one cause on ea					ratory arrest,	Approximate interval Between Onaat and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury	un Krisw.	CONSEQUENCE OF):	Cer				
ERTI	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
	that initiated events			ne underlying o	ceuse given in Pa			4b. WERE AUTOPSY FINDINGS
CAL	that initiated events resulting in death) LAST			ne underlying o	ceuse given in Pa	rt I. 24a. WAS AN PERFOR	MED?	44b. WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO COMPLETION OF CAUSE DF DEATH?
CAL	that initiated events resulting in death) LAST			ne underlying o	ceuse given in Pa	PERFOR	MED?	AMILABLE PRIDE TO COMPLETION OF CAUSE
CAL	PART II. Other algnificant conditions control 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOS:	ributing to death be	ut not resulting in the	26. PLAC	CE OF DEATH (Check	PERFOF 1 YES 2 only one)	MED?	AVAILABLE PRIDR TO COMPLETION OF CAUSE DF DEATH?
CAL	that initiated events resulting in death) LAST DART II. Other algnificant conditions control 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND 1 MOSI	PITAL: patient 2 = ER/Outp	ut not resulting in the	28. PLAC	CE OF DEATH (Check 5 Residence 6 [RY AT 21	PERFOF 1 YES 2 only one)	MED? ⊠NO	AMAILABLE PRIDR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 ND
PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST DART II. Other algnificant conditions control algorithms algorithms are algorithms. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	PITAL: petient 2 = ER/Outp 6a. DATE OF INJURY (Month, Day, Year)	ut not resulting in the	26. PLAC THER: Nursing Home WORK M 1 YE:	CE OF DEATH (Check 5 Residence 6 C	PERFOR 1 YES 2 only one) Other (Specify)	MED? ⊠NO	AMAILABLE PRIDR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 ND
BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST DART II. Other algnificant conditions control algorithms algorithms are algorithms. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	PITAL: petient 2 = ER/Outp 6a. DATE OF INJURY (Month, Day, Year)	at not resulting in the	26. PLAC THER: Nursing Home WORK M 1 YE:	CE OF DEATH (Check 5 Residence 6 T TY AT 77 S 2 NO	PERFOR 1 YES 2 only one) Other (Specify)	NJURY OCCURED	AMAILABLE PRIDR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 ND
BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST DART II. Other algnificant conditions control and the second secon	PITAL: patient 2 = ER/Outp 6a, DATE OF INJURY (Month, Day, Year) 8a. PLACE OF INJURY building, atc. (Spec	at not resulting in the street of the street	28. PLAC [HER: Nursing Home 28c. INJUR WORK M 1 VE: t, factory, office	CE OF DEATH (Check 5	only one) Other (Specify) 8d. DESCRIBE HOW I 8f. LOCATION (Street City or Town, State)	NJURY OCCURED and Number or Run	AMAILABLE PRIDR TO COMPLETION OF CAUSE DF DEATH? 1 VES 2 ND AND AMAILABLE PRIDR TO COMPLETION OF CAUSE DF DEATH?
PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST DART II. Other algnificant conditions control 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND 1 IN In Investigation 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN: To COULD TO CO	PITAL: patient 2 = ER/Outp 6a, DATE OF INJURY (Month, Day, Year) 8a. PLACE OF INJURY building, atc. (Spec	at not resulting in the street of the street	26. PLAC THER: Nursing Home 28c. INJUR WOR 1	CE OF DEATH (Check 5	only one) Other (Specify) ed. DESCRIBE HOW is fit. LOCATION (Street City or Yown, State) the cause(a) and maine, data and place, an	NJURY OCCURED and Number or Run here as stated, and due to the caus	AMAILABLE PRIDR TO COMPLETION OF CAUSE DF DEATH? 1 VES 2 ND AND AMAILABLE PRIDR TO COMPLETION OF CAUSE DF DEATH?

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMORE, MAHYLAND
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEAL CERTIFICATE OF DE		
	1. DECEDENT'S NAME (First, Middle, Jagt)	2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) F UNDER 1 YEAR F UNDER 1 YEAR HOULE OF THE STATE OF THE ST	OER 24 HRS. 7. DATE OF BIRTH (Month Day, 15gr)	/s. BIRTHPLACE (State of Foreign Country)
	THE BILL EAGILITY NAME (If not institution, give amost and marginar) HE. CITY TOWN OR A CO.	CATION OF DEATH	COUNTY OF DEATH
FUNERAL DIRECTOR	PRESIDENCE OF DECEDENT	more City	Saltimore
OIRE	Maryland IDE COUNTY IDE CITY, TOWN OR LOCATION	·e	10d. INSIDE CITY LIMITS? 1 2 Tes 2 No
ERAL	3907 MORTIMER AUR. 2	11/4.	CITIZEN OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDED	NT OF HISPANIC ORIGIN? (Specify Yee or Nathan, Mexican, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, stc. Specify:
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work done during most of w	orking 16b. KIND OF BUSINES	3S/INDUSTRY
COMPLET	Elementary/Secondary (0-12) Coffege (1-4 or 5+) Recuistered Ni	use State	of maryland
	17. FATHER'S NAME (First, Middle, Last) 16. 1	MOTHER'S NAME (First, Middle, Meiden Surne	nmel 1
TO BE	190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRÉSS (Street and Nu 2907 March	mber or Rural Rough Number, City or Town, Ste mer Ave. ball	ere, Zip, Code)
	20s. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from State		ON City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AD	DRESS OF FACILITY	0.00, ///2
	23. PART/I. Enter the diseases, or complications that caused the death. Do not enter the mode of	dving, such as cardiac or reanizato	ry arreat, Approximete
	shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition		interval Between Onset and Death
	resulting in death) a. Due to joil as a consequence of):	a at have	6 mo
TION	Sequentially list conditions, if any, leading to immediate	nag pani	reas emo
CERTIFICATION	CAUSE (Disease or injury that initiated events Due to (or as a consequence of):	'	
	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cau	se given in Part i. 24a, WAS AN AUTI	DPSY 24b. WERE AUTOPSY FINDINGS
DICAL	PART II. Other agrinous continuous community to death but not resulting in the didentying cau	PERFORMED 1 YES 2	27 AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDI			1 YES 2 NO
SICIA	EXAMINER? HOSPITAL: OTHER:	DF DEATH (Check only one) Residence 8 Other (Specify)	
PHY	27. MANNER OF DEATH	T 28d. DESCRIBE HOW INJUI	RY OCCURED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)		Number or Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and pone) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death		
BE CO			d. DATE SIGNED (Month, Day, Year)
TO E	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	10/71	0/12/1/10
	31. DATE FILED (Month, Day Mar) 32 REGISTRAR'S SIGNATURE		
	AUG 1 1894 File Dandon-Maria		DHMH-18 Rev 1/89



DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21203-3	L OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6 may be retained by the hospital or attending	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use 📰 the hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	urs a	led in by
	the	mation
13146,	executed wit	and comple burial, cre
BOX	tificate be	physician ene prior t
P.O.	ath cer	ttending tal Hygi
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	w requires that the de	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the I hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
VITAL	NAN: The la	rtificate has ne State De
OF	PHYSIC	this ce with th
DIVISION	L OR ATTENDING !	DIRECTOR: After hours after death

urs after death. Page 6 may be retained by the hospital or	by filled in by the funeral director, page 5 should be detached for ation, or removal.	the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within curs after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for up filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR		STATE OF MARY				HEALTH AND	MENTA	L HYGIENE			
1. DECEDENT'S NAME (First, TH)		OSEPH ARTHU	R				2. DATE		Š	EAR 0	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 213-07-7085 5. SEX 6. AGE (In yrs. lost birthday) if under 74 YRS.					ONTHS DAYS		(Mont	(Month, Day, Year) Country)			PLACE (State or Foreign cyland
96. FACILITY NAME (If not in				9		or Location of D 1timore	EATH		9c. COUNTY		imore
RESIDENCE OF DEC	EDENT									ати	
Maryland	106. COUNT Bal	timore	10		rown or Loc ltimor						10d. INSIDE CITY LIMITS? 1 YES 2XX NO
10e. STREET AND NUMBER						10f. ZIP CODE		I	10g. CITIZE	N OF W	THAT COUNTRY?
135 Dumbarto	on Roa					21212				USA	
11. MARITAL STATUS 1 X Never Merried 2 3 Widowed 4 Divo		12. WAS DECEDENT EVE FORCES? XX Y IF YES, GIVE WAR OF	ES 2 NO)	If yes,	ECENDENT OF HISPA specify Cuban, Mexic ES 2/ NO Speci	an, Puerto		or No.— 14	Black Specif	- American Indian, White, atc. White
	EDENT'S EDU				SUAL OCCUPA	TION most of working	18	b. KIND OF BUSI	NESS/INDUS	TRY	
Elementery/Secondary (I		College (1-4 or 5+)	Majo	NOT use	retired.)		M	aryland	Mari	ne	Police
17. FATHER'S NAME (First, M	liddle, Last)		11410	- du		18. MOTHER'S N					
Thomas Mich	nael A	rthur					ina L		·		
19a. INFORMANT'S NAME (,, ,					et and Number or Rural					- 6
Robert Broo		-				eim Road	Balt				
20s METHOD OF DISPOSIT	on 3 🗆 Ffen	noval from State	other place)	WOO	d Maus	cemetery, cremetory or oleum			ation — ch .timo1		Maryland
21. SIGNATURE OF FUNERA Dennis	SE X	HART'S S	lens	ck.		AND ADDRESS OF F		d Home	6500	Yor	ck Rd 21212
ahock, or h IMMEDIATE CAUSE (Fit disease or condition reaulting in deeth)		Elet only one cause of the control on the control o	AS A CONSEQUE		Yall	1 of 21	u la	nng		_	Interval Between Onset and Death Man 10
Sequentielly list conditions, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injusted Initiated events resulting in death) LAS	diate ING ury	c	AS A CONSEQUE								
PART II. Other algnifica	ant conditio	na contributing to deet	h but not reau	ilting in	the underly	ring cause given in	Part I.	24s. WAS AN A PERFORM	AED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED 1	O MEDICAL				26.	PLACE OF DEATH (C	heck only o	nne)		_	
EXAMINER?		HOSPITAL: 1 Inpatient 2 ER/	Outpetient 3 🗆		OTHER:	ome 5 Residence	6 🗆 Oth	er (Specify)			
27. MANNER OF DEATH	Pending	28s. DATE OF INJU (Month, Day, Ye		8b. TIME INJUI	RY	INJURY AT WORK?	28d. DE	SCRIBE HOW IN	JURY OCCU	RED	
2 Accident 3 Suicide 8 4 Homicide	Investigation Could not be determined	28s. PLACE OF INJ building, atc. (form, atr	1.0			CATION (Street as y or Town, State)	nd Number of	Rural F	Route Number,
CONTROL ONLY		SICIAN: To the best of my k) end manner as stated.
29b. SIGNASTILE AND TITLE	St	to e				29c. LICENSE NO	JMBER -	-7_	29d. DATE :	BIGNEO	(Month, Day, Year)
30. NAME AND ADDRESS O	F PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 2	7) (Type, F	Print)	506 12	منادر	Law Via	me m	7	73204
31. DATE FILED (Month, Day,	Year)	32. HEDIŞTİLAR'S S	Y Y Y	•	8U14	700 10	1115	1 A 1	11-4 741		
Alig 71	990	gula Dandoor	Sperman								

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BALTIMORE, MARYLAND 21203-31

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exam
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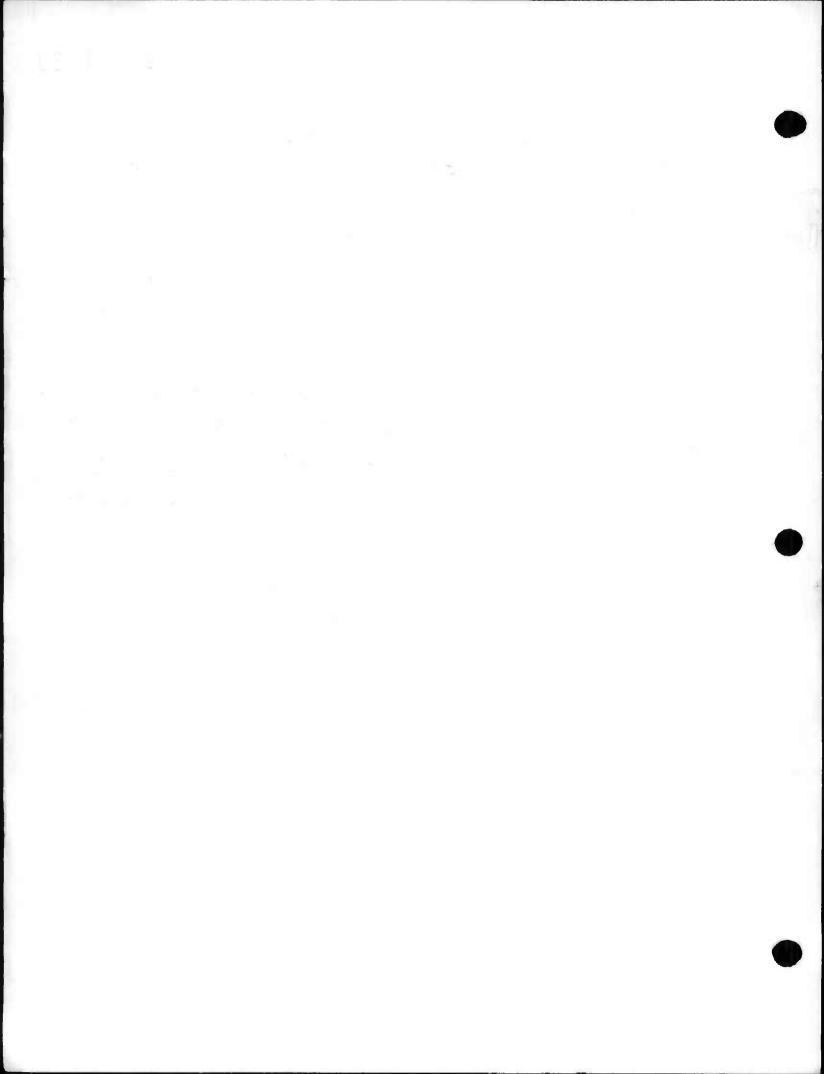
	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTM CERTIFIC	MENT OF HEALTH AND ME ATE OF DEATH	ENTAL HYGIENE REG. NO.)
	1. OECEOENT'S NAME (First, Middle, Lest)	Carter 1	flen		3. TIME OF OEATH 5.14 Pm
	4. SOCIAL SECURITY NUMBER 2.65-16-9679 9a. FACILITY NAME (If not institution, give s	1 M 2 KF 73 YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS. 7 NTHS DAYS HOURS MIN. 7	(Month, Day, Year) 1-14-1917	BIRTHPLACE (State or Foreign Country)
CTOR	LIBERT ME	dical CENTER	B4/to -1	4d	
- DIRECTOR	10a. STATE 10b. COUNTY	1 10c. CITY, T	BALTINGS	'E	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER	DXFORD CF 12. WAS DECEDENT EVER IN U.S., ARMED	10f. ZIP CODE 2/20/ 13. WAS DECENDENT OF HISPANIC	U	N OF WHAT COUNTRY?
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES	If yes, specify Cuben, Mexican, 1 ☐ YES 2 NO Specify:		Black, White, atc. Specify: B/ACK
COMPLETED	15. OECEOENT'S EOU (Specify only highest greds Elementary/Secondary (0-12)	College (1-4 or 5+) (Give kind of work life. Do NOT use re	done during most of working	166. KINO OF BUSINESS/INDUS	
<u>N</u> 00	17. FATHER'S NAME (First, Middle, Lest)	. 4	16. MOTHER'S NAME	(First, Middle, Maiden Surname)	
BE	19a. INFORMANT'S NAME (Type/Print)	ARTER	ORESS (Street and Number or Rural Roo	TIE CARTE	R
2	1/6/(iA/A)	CARTER 1326	E. Coldspri	7 1 57.1	to Mad
	20a. METHOO OF DISPOSITION 1 Disposition 3 Rem		ON (Name of cemetery, crematory or		y or Town, State
U	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIE	CENSEE	22. NAME AND ADDRESS OF FACIL	INC. CHENEV	MEMA
	· unc. 1	Brunn -	WM. C. BA	NADIA A	LUKY FIT
		complications that caused the death. Do not List only one cause on each line.	enter the mode of dying, such	as cardiac or respiratory arres	rt, Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Cardioful	monary A	Blest	Onset and Death
z	-	DUE TO (OR AS A CONSEQUENCE OF):	essing my	cardia	Sa Jackie
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):	mire Mil	mary a	Softer.
IFIC	CAUSE (Disease or Injury that initiated events	DUE TO (ON AS A CONSEQUENCE OF):	· DIF	Much	for the
CERT	resulting in death) LAST	water 2°	mjeend	Bleonel	genzusus
CAL	PART II. Other significant condition	ns contribution to death/bus not resulting in	the underlying cause given in P	PERFORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE
BY PHYSICIAN: MEDIC	3 Cu	ged bed right	len of	- 10 fr	OF DEATH!
AN:	25. WAS CASE REFERRED TO MEDICAL	Thin A said a	View Meila	as copy su	les
SICI	EXAMINERT NO	HOSPITAL 1 DIVONIDATION DOA 4	26. PLAGE OF DEATH (Chec Design Come of Residence 6	Dellar Encip)	
PHY	27. MANNED OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY 28b. TIME (Month, Alex, Asar)	OF 28c. INJUNY AT	28d. DESCRIBE HOW INJURY OCH	MED
	2 Accident Investigation 3 Suitcide 6 Could-flit be 4 Homicide defirmined	26e. PLACE OF SILUTY — At home, term, stre- building, letc. (Specify)		281. LOCATION (Stores and Number of City or Town, State)	Plural House Number
COMPLETED	(Critical Orliny	SICIAN: To the best of my knowledge, death occurred IER: On the basis of examination and/or investigation,			Annual Control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the
BE CC	29b, SIGNATURE AND TITLE OF CERTIFIE	ER C / 1 M 1 M	29c. LICENSE NUME	DER 29d. OATE	SHONED (Shown, Day, Year)
TO	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, P.	rini) -1 (1 a 1 f	(A 247)	2/190
-	31. DATE FILED (Morith, Day, Year)	12. REGISTRAT'S SIGNATURE	SHINFU	son suy.	174 21223
	Della I Inaciali, Day, 1981)	JE HEGIOTIA O SIGNATURE			

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TO BE COME	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
i examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
val.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
er death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hosp

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	1 - FOR STATE REGISTRAR		ARTMENT OF HEALTH AND IFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	1/12 Abot	h BARNES	2. DATE OF DEATH	YEAR 12:30 M
	4. SOCIAL SECURITY NUMBER 5. SEX 1 _ M 2	F 8 YRS	MONTHS DAVE MOURS MIN	7. DATE OF BIRTH (Month, Day, Year), 8-04-08	6. BIRTHPLACE (State or Foreign Country) Penns ylvania
OB	9a. FACILITY NAME (If not institution, give street and number francis Scott Key	astern Are	BALLIMUK	4.7	COUNTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c.	CITY, TOWN OR LOCATION		10d. INSIDE CITY
	Maryland		Baltimore		1XXYES 2 NO
FUNERAL	100. STREET AND NUMBER 641 North Fulton Ave.		101. ZIP CODE 21217		CITIZEN OF WHAT COUNTRY? I. S. A.
BY FUN	1 Never Married 2 Married FORCES	CEDENT EVER IN U.S. ARMED S? 1 TYES 2 NO GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Ciban, Mexic 1 YES 2 NO Specif		14. RACE — American Indian, Black, White, atc. Specify: 13//
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDEN (Give kind	T'S USUAL OCCUPATION of work done during most of working	16b. KIND OF BUSINESS	/INDUSTRY
COMPLET	Elementary/Secondery (0-12) College (1-	life Do NO	T use retired.)		
MO	17. FATHER'S NAME (First, Middle, Last)			AME (First, Middle, Maiden Sumam	·
BE (Albert Baker			Lette Tippl	
0	190. INFORMANT'S NAME (Type/Print) Albert Baker		ING ADDRESS (Street and Number or Aural Thornfield Road		
	20s. METHOD OF DISPOSITION W. Burlet 2 Cremetion 3 Removal from St		POSITION (Name of cemetery, crematory or		I — City or Town, State
	A □ Donation 5 □ Other (Specify)	Marylanc	l National Memoria	rl Park Laure	el, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Briler	22. NAME AND ADDRESS OF F. 2501 GWYNNS FO	ills Pkwy.	uneral Homes, Inc ne. Maryland 21216
	23. PART I. Enter the diseeses, or complication shock, or heert feilure. List only of		o not enter the mode of dying, au		
	IMMEDIATE CAUSE (Finel	2	. 10		Onset and Death
	resulting in death) e.	NEU MONO	EDF: / Jep 515	*	
z	- (Denenti's	1strok	e	İ
ATIO	Sequentially list conditione, if eny, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENC	E OF):		
FIC	CAUSE (Disease or Injury	QUE TO (OR AS A CONSEQUENC	E OF):		
ERTIFICATION	resulting in deeth) LAST	ressur	gres.		
I C	PART II. Other eignificent conditions contribut	ting to deeth but not resulti	ng in the underlying ceuse given in	Part I. 24a. WAS AN AUTOP PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDICAL	Mulmtuta	- 1	IRSA Coloni	VES 2 THO	COMPLETION OF CAUSE
	Neurofine	Blad	Ser	_	1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	heck only one)	
SIC	EXAMINER? 1 YES 2 NO 1 Inpution	6 Other (Specify)			
PH		NATE OF INJURY Wonth, Day, Year)	TIME OF 26c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY	OCCURED
ВУ	2 Accident Investigation 26e. P	LACE OF INJURY — At home, fai ultding, etc. (Specify)	M 1 YES 2 NO	26f. LOCATION (Street and Nur	mber or Rural Route Number,
TED	4 Homicide determined	City or Town, State)			
COMPLET	CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSULT OF THE CONSUL		curred at the time, date and place, and du		Name and the second second
CO	2 MEDICAL EXAMINEN: OF THE BE	sia or axamination and/or investi	getion, in my opinion, death occured at th	CHI HANGENE SERSE	
BE	296. SIGNATURE AND TUTLE OF GERTIFIER	. ho	DO4	3 83	STIPP
TO	30. NAME AND ADDRESS OF PERSON WHO COMPLET	ED CAUSE OF DEATH (ITEM 27)	Type, Print)	1 1	201

32. REGISTRAR'S SIGNATURE



BALTIMORE, MARYLAND 31203 3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ing physician.	for, use the burial-transit permit. Pages 1, 2, 3 should		
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 23 mours after death. Page 6 may be retained by the many and the many be retained by the many and the many performance.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be appearanced in the funeral director, page 5 should be appearanced in the filled in by the funeral director, page 5 should be appearanced in the filled i	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at operation

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31. DATE FILED (Month, Day, Year)
AUG Q T 189990

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH 3. TIME OF DEATH BAY 1990 7:30 Clarence Roy Bond August 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. (Month, Day, Year) DAYS HOURS 1 X M 2 - F 65 1924 Virginia 226-26-6161 YRS. Aug. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2900 Forest Glenn Road Baltimore RESIDENCE OF DECEDENT 10d. INSIDE CITY 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore 1 X YES 2 | NO 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP COOE 2900 Forest Glenn Road 21216 u 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 NO if yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Married 2 X Married 1 YES 2 NO Specify: Specify: ВY 3 Widowed 4 Divorced Black COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade LOCAL #44 Elementary/Secondary (0-12) College (1-4 or 5+) Intern'l Longshoreman Longshoreman 6th Grade Assoc. 18. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) Thelma Dickerson John Henry Bond BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2900 Forest Glenn Road Baltimore, Maryland 21216 Annie L. Bond 20a, METHOD OF DISPOSITION

1 M Burlal 2 Cremation

4 Donation 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Burial 2 Cremation 3 Removal from Woodlawn Cemetery Baltimore County, MD Donation 5 - Other (Specify) 22. NAME AND ADDRESS OF FACILITY NUTTER Funeral Homes, Inc. 2501 Gwynns Falls Pkwy. 21. SIGNATURE OF FUNERAL SERVICE LICEN Dans Baltimore, Maryland 21216 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiretory arreet, shock, or heart failure. List only one cause on each line. Approximate Interval Between **Onset and Death** IMMEDIATE CAUSE Finel disease or condition ances -UNQ reauiting in deeth) DUE TO (OR AS A CONSEQUENCE OF): Card CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, jesding to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury . Entar UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 17/NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 - Nursing Home 5 Residence 8 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 27. MANNER OF DEATH 28c. INJURY AT 28d. DEŞCRIBE HOW INJURY OCCURED Natural 5 Pending 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined ETED 4 Homicide 1 V CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated GIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D39433

IPLETED CAUSE OF DEATH (ITEM 27) (Type, Print

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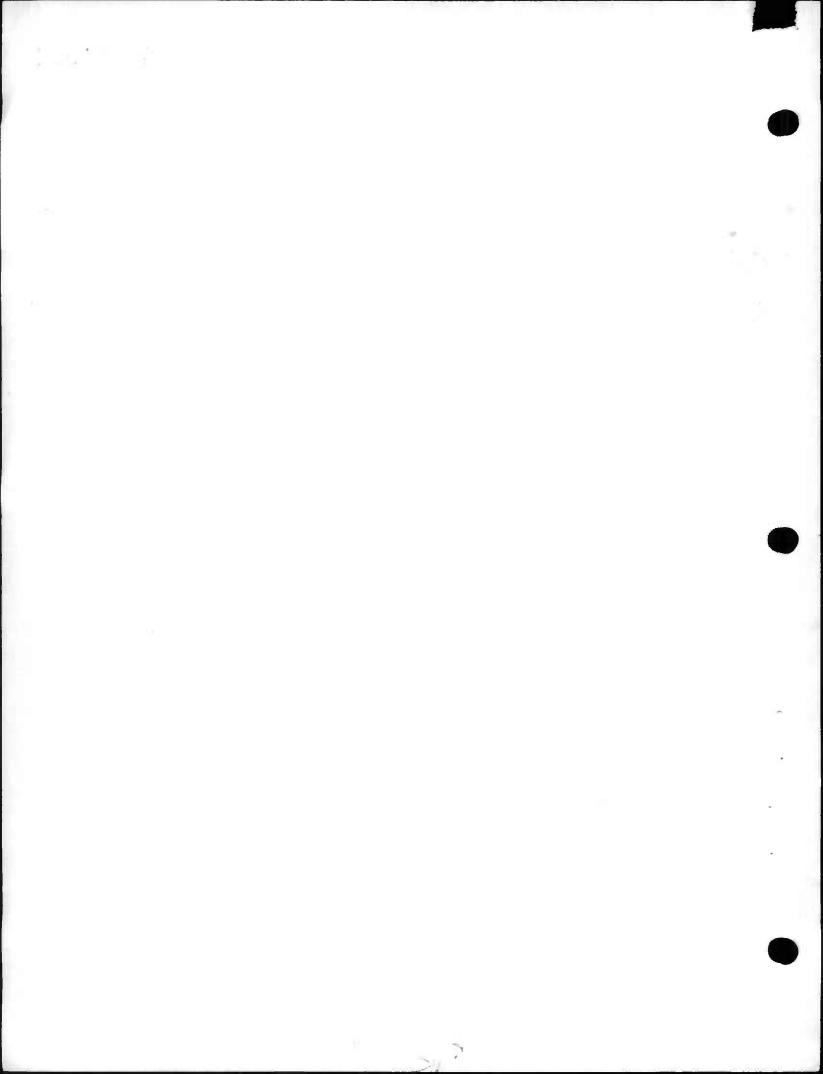
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2+ nours after death. Page 6 may be retained by the hospital properties of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and within 70 hours after death with the State Perr of Health and Mental Horiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR		STATE OF M	IARYLA	ND / DEPART				MENT	REG. NO.	E		
,	1. OECEOENT'S NAME (First, MI ESTE		J		BUMBREY			<u>"-"</u>	2. DAT MON	E OF DEATH	8 199	EAR	3:47 am
1	4. SOCIAL SECURITY NUMBER	3	5. SEX	6. AGE (In	yrs. lest birthday)	IF UNDER 1		IF UNDER 24 HRS.	7. DAT	E OF BIRTH	8.	BIRTHP!	LACE (State or Foreign
	225-34-835	51	1 🗌 M 2 💢 F		60 YRS.	MONTHS	DAYS	HOURS MIN.	2.7	/27/19	929		GINIA
	9a. FACILITY NAME (If not instit							LOCATION OF C	EATH		9c. COUNTY		
5	THE JOHNS H		S HOSPIT	AL		BA	LTIM	ORE			BAL	CIMO	RE CITY
3		Ob. COUNTY			10c. CITY	TOWN OR	LOCATIO	ON				1	IOd. INSIDE CITY
	VIRGINIA	KING	GEORGE	.co.	KIN	G GE	ORG	E, VIR	GINI	Α		_ ,	YES 2 NO
1	10e. STREET AND NUMBER						_	ZIP CODE			10g. CITIZE	N OF WH	IAT COUNTRY?
	ROUTE#4 BO	X 40	30 KING	GEC	ORGE, VA		2	2485			U.S	6. A	
	11. MARITAL STATUS 1 Never Married 2 Me 3 Widowed 4 Divorce		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2 XNO	10	yes, spec	NOENT OF HISPA city Cuban, Maxic NO Spec	an, Puert	iN? (Specify Yes o Rican, atc.)		Specify	
9	15. DECED	ENT'S EOUC	CATION	T	16a. OECEDENT'S				1	Bb. KINO OF BU			, IX
	(Specify only h Elementary/Secondary (0-12		College (1-4 or 5 -	.)	(Give kind of w life. Do NOT use	ork done du a retired.)	iring most	of working					
	12				HOUSE	WIFE				DOMES	TIC		
3	17. FATHER'S NAME (First, Midd	die, Last)						18. MOTHER'S N	AME (First	, Middle, Malden	Sumame)		
ų l		JOHN	SON					IDA	BR				
	19a. INFORMANT'S NAME (Type				A CONTRACTOR	1		d Number or Rura					
	LEROY BU		Y.SR.	nob	PLACE OF DISPOS						GE V		NIA22485
	1 Burial 2 Cremation 4 Donation 5 Other (S	3 - Remo	oval from State		other place) ACE & L]						IG GEOF		10.000
- 1	21. SIGNATURE OF FUNERAL		ENSEE	10	urteryCar	/ 22. N	AME AN	ADORESS OF F	ACILITY		IG GLUI	NGL,	<u>v</u> n.
	**		11 4	0	200	J LE		UNERAL					
-	23. PART I. Enter the dies	ne	Wide	<u>ee</u>	0/3								IA 22485
-1	shoot, or hea	ert fallure.	List only one cau			ot einer t	.1100	ia or dynig, so	CII WS CI	ndiac or reap	natory site.	PL,	interval Between Onset and Death
- 1	IMMEDIATE CAUSE (Finel disease or condition	I.	n	. []									10 MINUES
ł	resulting in death)		S. TSY	(OR AS A	CONSEQUENCE OF	7):							
	- SIP Mithal Valve replacement: Coronory enter Bypass x III 12 NOVE												
2	Sequentially list condition if any, isading to immedia	ns, ete	OUE TO	(OR AS A	CONSEQUENCE OF	7: 0	/	<i>(</i>	2		01		17/2 00
HIFTCALION	CAUSE (Disease or Injury	G 🖁	e Massi	Ve_	CONSEQUENCE	7	N	Coast 10	1201	114			10 mours
	that initiated events resulting in death) LAST		002 10	(On AS A	CONSEQUENCE OF	<i>)</i> .				3			į
3		-	d									_	+
Į	PART II. Other significant							cause given i	n Part I.	24s. WAS AN			WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
MEDIC	h/o C	-MT	, CAD,	11	1M/ SA.	701/	3			1 TYES	2 HO		COMPLETION DF CAUSE OF CEATH?
										1			1 TES 2 NO
Y Z	25. WAS CASE REFERRED TO	MEDICAL					26 DI	ACE OF OEATH (hack only	000)		_	
PH TSICIAN.	EXAMINER?	MEGIGIE	HOSPITAL:	EB/Outne	etlant 3 🗆 DOA	OTHER	:	8 - Residence					
	27. MANNER OF DEATH		28a, DATE OF	INJURY	28b. TiM		28c. INJU	JRY AT	_	DESCRIBE HOW	INJURY OCCL	REO	
10	1 Netural 5 Pe	ending restigation	(Month, L	Ay, rear)	INJ	M	WOI 1 Y	ES 2 NO	L				
	3 Suicide 8	At home, farm, s	street, facto	ry, office		28f. L	OCATION (Street ity or Town, State	and Number o	r Rural Ro	oute Number,			
1		stermined											
COMPLEIED	CONSCR ONLY		ICIAN: To the best of a										and manner as stated.
	296. SIGNATURE AND TITLE	OF CERTIFIE	R				T	29c. LICENSE N	UMBER		29d. DATE	SIGNEO	(Mopth, Day, Year)
10 85	Mar Ktrs		in	IMA.	N						> 7	/18,	50
-		1 -	O COMPLETEO CAL	SE OF OEA	ATH (ITEM 27) (Type	, Print)						-	
		tople		()									
	31. OATE FILED (Month, Day, Ye	Z'IIG	32. REGISTA	AR'S SIGNA	ATURE								



3. TIME OF DEATH

DECEDENT'S NAME (First, Middle, Last)

2. DATE OF DEATH

		Z	
4		t permit.	
BALLIMORE, MARYLAND 21203-3146	requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	seen signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag, of Health and Mental Hygiene prior to burial, cremation, or removal.	
IND ZIZ	ne hospital or	letached for	nce.
3	by th	2	at o
MAHY	retained	5 should	shows any injury, or other traumatic event, the medical examiner must be notified at once.
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5	e 6 m	ector,	BUS
Σ	Pag	ia di	iner
A	death	fune I.	ехап
n	after	by the	lical
	ROURS	ed in	med
	П 24	ly fill ation	the
TECORDS, P.O. BOX 13146,	ted withi	been signed by the attending physician and completely filled in by the fit, of Health and Mental Hygiene prior to burial, cremation, or removal.	event,
3	поеха	and o	natic
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	ertifica	ng ph giene	othe
7	ath c	al Hy	0
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S	ires t	signer	50
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FUNERAL

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R: After this certificate has been signed by the attending physician and compler death with the State Dept. of Health and Mental Hygiene prior to burial, or	Z Z	is marked, or item 23 shows any injury, or other traumatic D BY PHYSICIAN: MEDICAL CERTIFICATION	RTIFI	Injury, o	EDIC/	S show	Item 2	PHY	£ _	E 0
ertificate has been signed by the attending physician and con the State Dept. of Health and Mental Hygiene prior to burial.	ilc e	traumat	or other	injury, c	rs any	3 show	item 2	0.	99	marked
ertificate has been signed by the attending physician and comp	urial. cr	orior to be	Hygiene	1 Mental	ealth and	pt. of H	State De	島	₽	leath with
	d comp	sician and	oding phy	the atte	igned by	peen s	cate has	ertif	S	After this c

FUNERAL I HOSPITAL

TO THE HOSPITA
TO THE FUNERA
De filed within 7.
IMPORTANT: 1

90 ALLEN R. BENNER Benner 1:41 Allen D PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS **MXM** 2 ☐ F 36 36 Pennsylvania 01 28 96. CITY, TOWN OR LOCATION OF DEATH Baltimore 90. FACILITY NAME (If not institution, give street and number)
University Hospital
Liversity of Md H
RESIDENCE OF DECEDENT 9c. COUNTY OF DEATH N/A Hospitze Baltimore DIRECTOR Pennsylvania 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 TES NO York Hanover Hanover 2 Bowman Road 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? Bowman 17-331 17331 U.S.A. USA Road 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2X NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. Specify: White If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: FORCES? 1 YES 2 Never Merried 2 Merried BY 3 Widowed 4 Divorced white 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete Elementery/Secondary (0-12) College (1-4 or 5+)
4 yrs. UNK. UNK. COMPL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Raymond Landis Benner Ada Gray Rohrbaugh BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Wayne Kenworthy F.H. 269 Frederick St. Hanover Pennsylvania 17331 20s METHOD OF DISPOSITION
1 Burlel 2 Cremetion 3 Removal from State
4 Donesion Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Rest Haven Cemetery Hanover, Pa. 21. SIGNATURA FUNERAL SERVICE ACCESSES

Dennis S. Xenakis 22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home 6500 York Rd 21212 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, Approximete shock, or heart feilure. List only one ceuse on each line. Onset and Death IMMEDIATE CAUSE (Final disease or condition Resource to y d min. resulting in death) Precums cyti Carinii
DUE TO (OR AS A ODNSEQUENCE OF): 3 weeks Sequentially list conditions, If any, leading to immediate ceuse. Entar UNDERLYING Acquired Immune Delicency
of to (OR AS A CONSEQUENCE OF): 2 months CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1) Impetient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO ng Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER (Check only one)

MEDICAL EXAMINED. On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner se stated. 2 MEDICAL EXAMINER: On the besie of examination and/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(s) and menner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d, DATE SIGNEO (Month, Day, Year) BE Path 39609 8/2/90 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) DHMH-18 Rev 1/89

OF VITAL RECO SW. The PHYSICIAN: T this certificate h with the Stat L OR ATTENDING P DIRECTOR: After the hours after death item 28 is mark

1 - STATE REGISTRAR	SIAIE UF I						MENIAL		t		
1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH			3. TIME OF OEATH 7
Homoizelle	D.	Burbage C. AGE (in yet. lest brinday)									
4. SOCIAL SECURITY NUMBER	D. Burbage 2. Dute or Death Down Man - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900 Star - 900										
216-46-8872		80 YRS	-	DATS	HOURS	sarre.	7/	21/19	10		
9s. FACILITY NAME (If not institution, give s									9c. COU	NTY OF D	DEATH
	treet Ap	t. 415]	Baltin	nore	City	7				
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	1	10c. C	CITY, TOW	N OR LOCAT	ION						10d, INSIDE CITY
Maryland	106. CITY, TOWN OR LOCATION 106. INSIDE CITY										
10e. STREET AND NUMBER									10g. CIT	IZEN OF V	
4100 N. Charles	Street A	pt. 415		2	21218	3				U.	S.A.
11. MARITAL STATUS			T						or No-	14. RACI	E — American Indian,
1 Never Married 2 Married								ican, atc.)			
3 XWidowed 4 Divorced											
(Specify only highest grade	completed)	(Give kind	of work do	one durina moi	ON at of worki	ng	16b.	KIND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0-12) Unknown	College (1-4 or 5	+)		,							
17. FATHER'S NAME (First, Middle, Last)		11011164	.carc.		16. MOT	HER'S NA	ME (First, M	liddle, Maiden	Sumame)		
John B. Darden					Geo	orgie	Lit	tle			
19a. INFORMANT'S NAME (Type/Print)	-	19b. MAILI	NG ADDF	RESS (Street a					n, State, Z	p Code)	
Lowell R. Bowen		10 I	igh	t St.	Balt	cimon	e,Md	. 2120	02		
20e, METHOD OF DISPOSITION 1)County 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from Stata	20b. PLACE OF DISI	POSITION 011yr	WOOd (netery, crei Cemet	netory or cery		News	cation – SOME	Va.	own, State
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE ,	200						7 1 77-			
John G. Reit	z John	2 Rent								Mar	yland 21212
			o not ar	ntar tha mo	de of dy	ing, suc	h aa card	lac or reapl	ratory s	rrest,	
IMMEDIATE CAUSE (Final											
disease or condition resulting in death)	· Car	lioc An	N.e.	1							mins
_	OUE TO	O (OR AS A CONSEQUENCE	Corps	1-01	(da A a	. 0.	,7): \ o =			2
Sequentially list conditions,	b. PUID PUE TO	OF AS A CONSEQUENCE	OF):	wo	asc	wa		11 Jea	se		years
cause, Entar UNDERLYING											
CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONSEQUENCE	E OF):								
resulting in death) LAST	d										
PART II. Other significant condition	na contributing to	death but not resulting	ng In the	a undarfylne	q cause	givan in	Part I.	24a. WAS AN	AUTOPSY	241	b. WERE AUTOPSY FINDINGS
Dalotes	Meal	Doitus									
	- Mes						-	1 YES 2	□ NO		
			_				— j			- 1	T TES 2 NO
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)											
EXAMINER?	HOSPITAL: 1 Inpetient 2	☐ ER/Outpatient 3 ☐ DO	A 4 🗆	HER: Nursing Hom	10 5 PA	lasidenca	6 Other	r (Specify)			
27, MANNER OF DEATH	28a. DATE O	F INJURY 28b.	TIME OF	28c. INJ				CRIBE HOW	NJURY O	CCURED	-
Natural 5 Pending Investigation	(morally	buy, toury			YES 2	□ NO					
3 Suicide 6 Could not be 4 Homicide detarmined		OF INJURY — At home, far ,, atc. (Specify)	m, street,	factory, offic	ie .			ATION (Street or Town, State)		er or Rural	Route Number,
Crieck orny	NCIAN: To the best	of my knowledge, death occ	curred at 1	the time, data	and plac	e, and due	to the cau	rse(a) and ma	nner sa si	ated.	
1100		examination and/or investig	jetion, in	my opinion, c				and place, ar			
200. SUGHKTURE AND THILE OF DESKING	1	w			29c. LK	2 P	NBER 23	34	29d. D/	3 A	US (990
39 HAME MIG ADDRESS OF PERSON W	HU COMPLETED CA	USE OF DEATH (ITEM 27)			011	^ A					71704

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

AUG 7 1990

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at a



use in the burial-transit permit. Pages 1, 2, 3 should

TO BE CO

FOR

	1 - STATE REGISTRAR CERT	TIFIC/	TE OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Carlo Tony Bonincontri				2. DATE OF MONTH AUG	ust 4	,1990	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-20-7552 S. SEX 8. AGE (In yrs. lest birth	RS. MON	THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	BIRTH Day, Year) 28,	1925	6. BIRTHI Country	PLACE (State or Foreign NewYork
OR	90. FACILITY NAME (If not institution, give street and number) Francis Scott Key Hospital	.9b.	96. CITY, TOWN OR LOCATION OF DEATH BAltimore BALTIMORE						
DIRECTOR	10e. STATE 10b. COUNTY 10c Md. Baltimore	c. CITY, TO	wn on Locat Dunda						10d. INSIDE CITY LIMITS? 1 YES 2X NO
	100. STREET AND NUMBER 1938 Ormand Road			ZIP CODE	2		10g. CITI		HAT COUNTRY?
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 360		If yes, spe	ENDENT OF HISPA	NIC ORIGIN? en, Puerto Ric		or No—	USA 14. RACE Black	— American Indien, , White, atc.
ED BY	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES	THE HALL	1 TYES	2 X NO Speci		IND OF BU	2111500 (1115	Specif	White
COMPLETE	(Specify only highest grade completed) (Give kir Elementery(Secondary (0-12) College (1-4 or 5 +)	nd of work o VOT use reti	done during mor	at of working	180. 7	IND OF BU	SINESS/IND	USTRY	
	17. FATHER'S NAME (First, Middle, Last) Marcello Bonincontri			18. MOTHER'S N.		ninco			
TO BE				nd Number or Rural					21222
	1 Burial 2 Cremetion 3 Removal from State other place)		N (Name of cen	netery, crematory or			CATION - BAlti		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Connelly Funeral Altr	n	22. NAME AN	D ADDRESS OF F		Home	of I	Dunda	alk 21222
	23. PART 1. Enter the diseases or complications that caused the death. ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) OUE TO (OR AS A CONSCORE	عب	tory	de of dying, au					Approximate Interval Between Onsat and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that lettled quarter)	ICE OF:	no z	The are	3				
ERT	thet initieted events resulting in death) LAST	· · · · · · · · · · · · · · · · · · ·							
DICAL	PART II. Other aignificant conditions contributing to death but not result	iting in th	ne underlying	g ceuse given in		PERFO	RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL		26. Pi	ACE OF DEATH (C	Check only one,				
YSIC	EXAMINER? 1 YES 2 10 10 Inpatient 2 ER/Outpatient 3 0	00A 4 E		5 P. Residence	_				
ВУ РН	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	b. TIME OF	M 1 🗆	RK? /ES 2 NO	15=200	RIBE HOW			
	3 Suicide 6 Could not be determined 26e. PLACE OF INJURY — At home, to building, etc. (Specify)	ferm, etree	t, factory, offic			TON (Street Town, State		r or Rural F	loute Number,
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death of one) 2 MEDICAL EXAMINER: On the beste of examinetion end/or invest								e) end manner ee stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1.	s le	29c. LICENSE N	JMBER 0.783	(0)	29d. OAT	SIGNED	(Month, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)) (Type, Prin		MERCY M	AUK F EDICA	L GEN	VAN, TER,	M.D Suite	., P.A. 212
	31. DATE FILED (Month, Dex, Year) 32. REGISTRAR'S SIGNATURE AUG 0 7 1990	,		BALTII	MORE, (301)	MARY 783-5	LAND	2120	2

V 50

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	xecuted with	and complet	burial, crei	natic even
	ificate be e	physician	one prior to	her traum
	death cert	attending	ental Hygle	ry, or ot
5	that the c	ed by the	h and Me	iny Injui
1100	requires	een signe	of Health	shows a
1	: The law	cate has b	state Dept.	Item 23
	HYSICIAN	his certific	with the S	ced, or
	VDING P	t: After th	r death v	is mark
2	ATTE!	RECTOR	ours after	ет 28
2	SPITAL D	ERAL DI	of 27 hi	IT: H RE
	TO THE HOS	TO THE FUN	be filed with	IMPORTAN

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

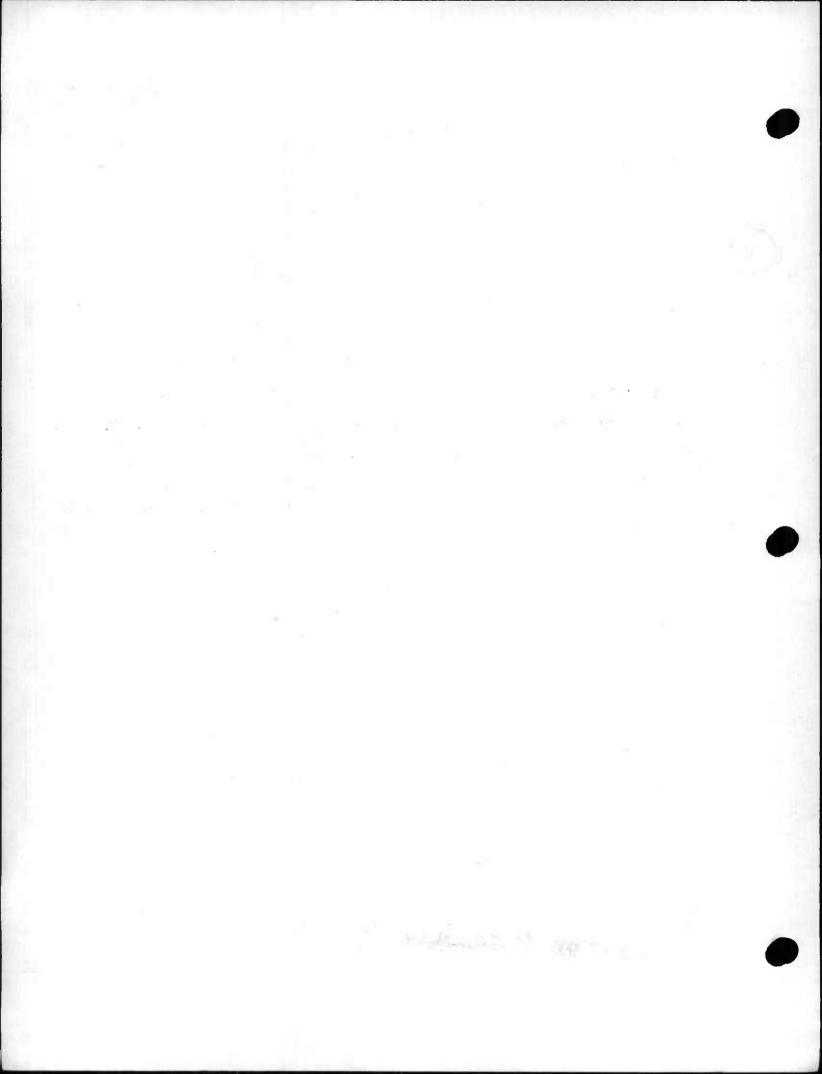
REGISTRAR		CE	RTIFIC	ATE OF	DEATH	RE	G. NO.		
1. OECEDENT'S NAME (First, Middle, Last)			2. D			DATE OF DEATH		3. TIME OF DEATN
Raymo	ond	A.	F	Buschma	nn	8-2-9	0	YEAR	8:50PM M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday) II	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIF			NPLACE (State or Foreign
218-07-8978	1 🖳 M 2 🗆 F	86	YRS.	DAYS DAYS	HOURS MIN.	3/20/	1904	Ma UNTY OF D	aryland
90. FACILITY NAME (If not institution, give 1211 William St			9		timore, M		9c. CO		
RESIDENCE OF DECEDENT									Day Wales and
Maryland -				rown or loca to.Cit					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER					. ZIP CODE		10g. Cl	TIZEN OF	WHAT COUNTRY?
	11 Willi				21230			USA	
11. MARITAL STATUS 1 Never Married 2 Marriad **Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 27 N		If yes, sp	ENDENT OF NISPAN ecity Cuban, Mexica 2 NO Specify	n, Puarto Rican,			E — American Indian, ok, Whita, etc. Office: White
15, OECEDENT'S ED	UCATION	16a, DE	CEDENT'S US	SUAL OCCUPATI	ON	16b, KIND	OF BUSINESS/IN	DUSTRY	
(Specify only highest gra		- Illo	he kind of wor. Do NOT use r	k done during mo retired.)	st of working				
Elementary/Secondary (0-12)	College (1-4 or 5 -		L (770 21		D D	lto.Ci	4	
12th.GRade		1 00	urt	Clerk	16. MOTHER'S NA				
17. FATNER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (FI/S), MIODIO,	Maigen Surname)		
19a. INFORMANT'S NAME (Type/Print)	hard Ray				Agne	S			noff
7-2000									
alice R.Opolk	0				rd Rd.E				
20a. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Re	moval from Stata	other pla	ace)		metery, crematory or		20c. LOCATION -		
Donation Other (Specify)		Hol	y Cro	oss Ce	metery		A.A.C	o.Mo	i.
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	7 1		22. NAME A	ND ADDRESS OF FA	CILITY	Balto.	Md.	21230
1 / lb !	0-1/	2.162		Mach	11 17.17				E.Fort Ave
ahock, or heart fellur IMMEDIATE CAUSE (Final disease or condition resulting in death)	Arter		otic c	ardiov	ascular (disease			Interval Batween Onset and Daath
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events.	c	(OR AS A CONSE							
resulting in deeth) LAST	d	·							
PART II. Other eignificent condition	ons contributing to	daeth but not i	resulting in	the underlying	g ceuae given in		WAS AN AUTOPS PERFORMED? YES 2 NO	Y 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XXX YES 2 \(\square\) NO
	_					1			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 \(\text{I NO} \)	HOSPITAL:	☐ ER/Outpatient 3		OTHER:	LACE OF DEATN (C)		iclfy)		
27. MANNER OF DEATN 1 XX etural 8 Pending	28a. DATE Of (Month, L	INJURY Day, Year)	28b. TIME INJU	RY W	JURY AT DRK?	28d. DEŞCRIB	E HOW INJURY O	CCURED	
2 Accident investigation 3 Suicide 8 Could not in	28e. PLACE (OF INJURY — At he, atc. (Specify)	ome, ferm, str		YES 2 NO	281. LOCATION City or Tov	(Street and Numl	ber or Runa	I Route Number,
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FOR STATE REGISTRAR

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

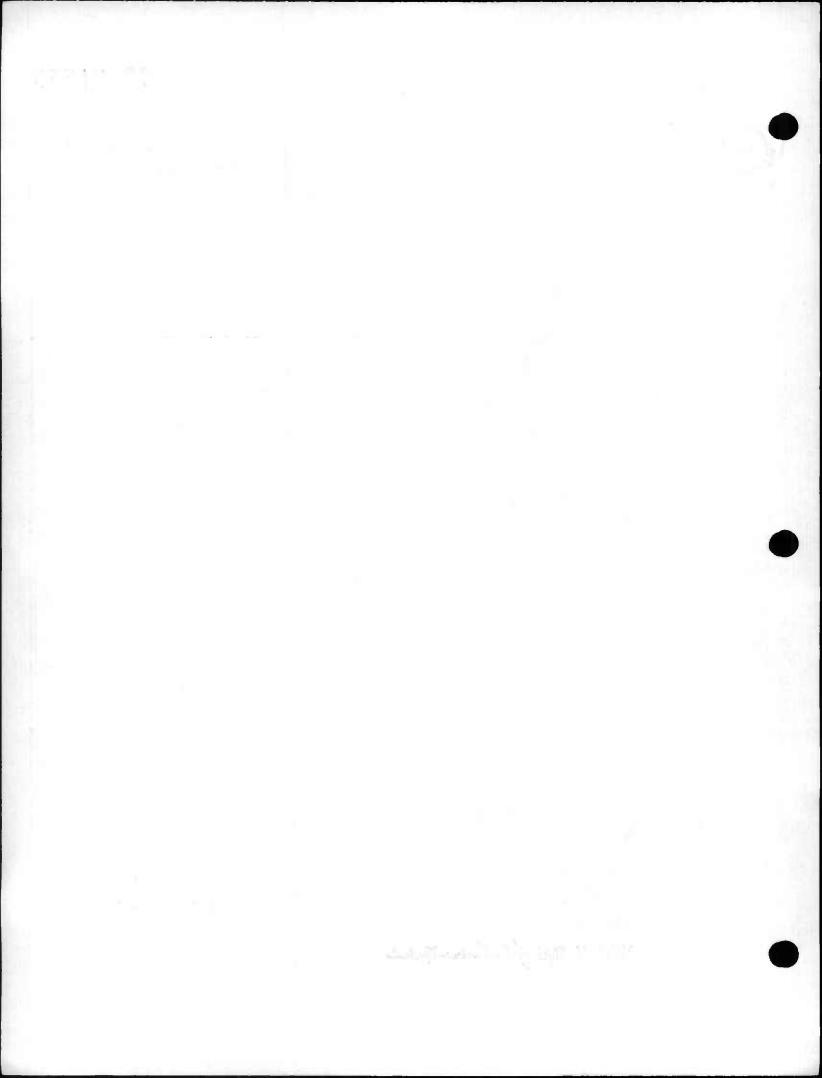
A	MA SU	GARMAN B	BANK		2. DATE OF DEATH DAY	90 Y	S SOP
010 00 4470	SEX 6. AGE (I	In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	JULY 22,15	904	BIRTNPLACE (State or Foreigh Country) RUSSIA
96. FACILITY NAME (If not institution, give street PALTIMALE COVATY RESIDENCE OF DECEDENT	end number) ' Carreral	Hospital	ROX	OR LOCATION OF OF	MALLSTOWN	, 9c. COUNTY	of DEATH
MARYLAND BALT	TIMORE	10c. CITY	r, town or locat BAL	TIMORE			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 26-B3 WARREN PARK I	DR.		10	ZIP CODE 21:	208		OF WHAT COUNTRY?
11. MARITAL STATUS	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	5X NO	If yes, sp		NIC ORIGIN? (Specify Yea in, Puerto Rican, etc.) y:	or No- 14	. RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S EDUCATION (Specify only highest grade communication (December 12) 1.2		life. Do NOT use	rork done durina mo	ON ist of working	18b. KIND OF BUS	HOME	TRY
17. FATHER'S NAME (First, Middle, Last) HARRY SNYDER					ME (First, Middle, Maiden ESSIE POMER		
19a. INFORMANT'S NAME (Type/Print) MRS. ESTELLE ROSE			ADDRESS (Street)		Route Number, City or Yown		21209
20a METNOD OF DISPOSITION 1 A) Buriel 2 Cremetion 3 Remoyal 4 Donation 5 Other (Specify)	from State T	PLACE OF DISPOS Office place) TFERETH				CATION — CITY	y or Town, State
21. SIGNATURE OF FUNERAL SERVICE LICENTERS OF STATE 1. Enter the diseases, or com	lluon		22. NAME A SO:	LEVINS	ON & BROS.	ONT TO	MD 21215
iMMEDIATE CAUSE (Finel disease or condition resulting in death)	CARDIO	Rasai	· · · · tar		. 1		Onset and De
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P OTHER: A Underlying 26. P OTHER: A Underlying 26. P OTHER: A Underlying 26. P	DESEA FIO N g cause given in LACE OF DEATH (CI na 6 Realdence JURY AT PKS 2 NO	Part i. 24a. WAS AN PERFOR 1 U YES 2 heck only one)	NJURY OCCUI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. 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(Special Content of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the Desire of the	CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQ	THERY CILLA In the underlying 26. P OTHER: 4 Nursing Not E OF 28c. IN WW M 1 street, factory, officed at the time, dat	DESEATO NO g cause given in LACE OF DEATH (C) na 6 Realdance JURY AT YES 2 NO ca a and place, and du death occured at the	Part I. 24e. WAS AN PERFOR 1 YES 2 Theck only one) 6 Other (Specify) 28d. DESCRIBE NOW II 28f. LOCATION (Street a City or Town, Stele) a to the cause(a) and mare a time, data and place, an	NJURY OCCUI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,



OHMH-16 Rev 1/89

	1	1, 2, 3 shoul	
1146, BALTIMORE, MARYLAND 21203-3146	HYSICIAN: The law requires that the death cartificate be executed within 2x nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT: It item 28 is merked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
13 TOX	ate be execu	ysician and prior to bur	r traumatic
P.O. B	eath certifica	tal Hyglene	, or other
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	w requires that the de	t. of Health and Men	shows ony injury
VITAL	JAN: The lav	rtificate has he State Dep	or Item 23
NO NO	DING PHYSIC	After this ce death with th	merked,
DINISIO	OR ATTEND	DIRECTOR: /	Item 28 Is
_	TO THE HOSPITAL OR ATTENDING PHY	TO THE FUNERAL DIRECTOR: After to be filed within 72 hours after death	STANT: II
	五日	TO THE	IMPO

	REGISTRAR			Enili	ICAL	C	DEA	III	1	HEG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)		P H. BE	RFELD					2. DATE OF MONTH	DEATH DA	1990	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. Is	ast birthday)	IF UNDER	1 YEAR	IF UNDER	9 24 HRS.	7. DATE OF			L BIRTHPLA	CE (State or Foreign
	220-22-3820	1 🕅 M 2 🗆 F	60	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De	ey, Year)		Country)	DE (State or Foreign)
- 3				1110.					DEC.	20,1			LAND
_	So. FACILITY NAME (If not institution, give				9b. CITY	, TOWN	OR LOCATI				9c. COUNT	Y OF OEATI	171 December 1
CIOR	3202 OLD POST DE	R., APT. 4					BAL	TIMO	RE			BALT	IMORE
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT						wete						
DI NE			-	10c. CI	TY, TOWN C								I. INSIDE CITY
	MARYLAND	BALTIMOR	E	4		BAL 1	IMOR	Œ				1[YES 2 THO
4	10a. STREET AND NUMBER					10	. ZIP COD				7.5		COUNTRY?
FUNERAL	3202 OLD POST DE	R., APT.	4					212	08		1	USA	
5	11. MARITAL STATUS	12. WAS DECEDED	NT EVER IN U.S. A	RMED	13.	WAS DEC	ENOENT (OF HISPAN	IC DRIGIN? (S	Specify Yes	or No— 1	4. RACE —	American Indian, hite, etc.
_	1 Never Married 2 Married	FORCES?	1 YES 2X	NO		If yes, sp	ecify Cubi	en, Mexica	n, Puerto Rice				
P	3 Widowed 4 Divorced	IF TES, GIVE	THE ON DATES			I LI TES	2 X NO	Specin	<i>r</i> :			Specify:	WHITE
2	15, DECEDENT'S ED	UCATION	16a, C	ECEDENTS	USUAL O	CCUPATI	ON		16b. Kil	NO OF BUS	INESS/INDU	STRY	
-	(Specify only highest gred			Give kind of le. Do NOT u	work done	during mo	set of world	ing					
	Elementary/Secondary (0-12)	College (1-4 or 5	*)		CPA						ACCOU	NTTNG	
COMPL					OLII	-							
5	17. FATHER'S NAME (First, Middle, Last)						16. MOT		ME (First, Midd				
E E	SIMON BERFELD								ANNIE		PMAN		
5	19a. INFORMANT'S NAME (Type/Print)								Route Number,				2000
	MRS. MILDRED BEI	RFELD		3202	OLD	POST	DR.	, AP	T. 4	BALT	O., M	D 2	1208
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Rec	manual Assem Chats	20b. PLAC	E OF DISPO	SITION (N	ame of ce	metery, cre	matory or		20c. LO	CATION — CI	ty or Town,	Stata
	4 Donation 6 Other (Specify)	mover from State	_ OHE	B SHA	LOM	MEM.	PAR	K		R	EISTE	RSTOW	N, MD
м	21. SIGNATURE OF FUNERAL SERVICE J	CEMBER ()	_		22.	NAME A	ND ARRA	SS OF EA	& BRO	20	TVC		
	101	121											
	loex 1	V (76	wis	-					STOWN				21215
	23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE Final disease or condition resulting in death)	a. List pnly pne ca	O (OR AS A CONS	EQUENCE O	to.	£	ine	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		, or reapr	iotory sire		Approximate interval Between Onset and Death
ERITIE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO	O (OR AS A CONS	EQUENCE C	OF):	ati	ie_	ca	neir	Lam			Zyes.
5	PART II. Other significant condition	one contributing to	o death but not	reaulting	In the u	nderlyin	a cause	alven in	Part I. 24	a. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
8								- Same		PERFOR	MED?	All	AILABLE PRIOR TO
					-				— l¹	YES 2	NO	OF	DEATH?
≝									_			1[YES 2 NO
ż													
<u> </u>	25. WAS CASE REFERRED TO MEDICAL, EXAMINER?						LACE OF	OEATH (C/	eck only one)				
HYSICIAN:	1 TES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	4 Nu		no 5 8	lesidence	6 Other (S	(pecify)			
È	27. MANNER OF DEATH	28a, DATE O		26b. TH	WE OF	_	JURY AT			-	NJURY OCCU	JRED	
D	1 Natural 5 Pending	174-1743	Day, Year)	IN	JURY		PRK?	□ ND					
2	2 Accident Investigation		OF INJURY — ALI						804 1 00471	Dat Maria		. 6 . 1	
2	3 Suicide 6 Could not be 4 Homicide determined	building	, etc. (Specify)	nome, mm,	street, isc	tory, orn	50		City or	Town, State)	and Number o	r Hurai Hous) Number,
COMPLET	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best o	of my knowledge,	death occur	red at the	time, dat	and plac	e, and due	to the cause	(a) and mar	ner as state	d.	
_	one) 2 MEDICAL EXAMI	NER: On the basis of	examination and/o	r investigat	lon, in my	opinion,	death occu	ared of the	time, date an	d place, an	d due to the	cause(a) an	d manner as stated.
_	295. SIGNATURE AND TITLE OF CERTIFI	(m)				_	200 140	SENSE MIN	unen.		and DATE	CIONED AL	
12	SVIV.	8/-					250, 110	ENSE NU	2050		DATE	. / /	onth, Day, Year)
0		- MR					V	28	120		7	111	90
	30. NAME AND ADDRESS OF RERSON W	COMPLETED CAL							600	N.V.C	Noife	St.	
	I Nomes F. Sol	m, up	Johns	Mapk	ne O	ncal	MA C	ente	- Bal	tim	Notes	ND ?	21205
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE								,		
	AUG 0.7 t	oon dulia	Mila	20.1.0									



	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF HI CATE OF			GIENE G. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) ELSIE	// BELL	7			2. DATE OF DE		3. TIME OF DEATH D 0:00 PM M
	4. SOCIAL SECURITY NUMBER 216-24-468/	1 DM 2 F 83	n yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, MARCH 8	, 1907 M	BIRTHPLACE (State or Foreign Country) ARYLAND
TOR	9a. FACILITY NAME (If not institution, give stated of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the			BALTIMO	RE C	IL.	9c. COUNTY BALT	OF DEATH IMORE CITY
DIRECTOR	10s. STATE 10b. COUNTY		10c, CITY	ATTIMO		9		10d. INSIDE CITY LIMITS? 1 TES 2 ND
FUNERAL	100. STREET AND NUMBER	ley St			ZIP CODE 2/20	2	10g. CITIZEN	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12/WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 210	If yes, spe	ENDENT OF HISPAN ocity Cuben, Mexican 2 AND Specify	n, Puerto Rican,		RACE — American Indian, Black, White, etc. Speely:
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of w life. Do NOT us	USUAL OCCUPATIO work done during mose e netired.)	n Ver	16b. KIND	OF BUSINESS/INDUS	FRY
BE COM	17. FATHER'S NAME (First, Middle, Last) EMANUEL	Henson	v		18. MOTHER'S NA	ME (First, Middle,	Melden Sumame)	Ams
70	160. INFORMANT'S NAME (Type/Print) Mr. MEIVIN (W. Kenney	196, MAILING	ADDRESS (Street or	nd Number or Rural F	BAITO	or Jown, State, Zip Co	2/202
	20s. METHOD OF DISPOSITION 1 **Eurist** 2	ovat from State	PLACE OF DISPOS	NOTE N	AT CO	m.	20c. LOCATION — Chy	or Town, Stata . Co. Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	Li Puss	,	205 ex	2 luin	USS F	UNETAI	home
	23. PART/I. Enter the diseases, or of shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Metaste	ach line.	ancer		h as cardiac o	r respiratory arrest	Approximate Interval Between Onset and Death
ATION	Sequentially list conditione, if sny, leading to immediate cause. Enter UNDERLYING	bDUE TO (OR AS A	CONSEQUENCE OF	F):				
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):				
CAL	PART II. Other significent condition	s contributing to death b	ut not resulting i	in the underlying	cause given in	2	WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)		
Sic	1 VES 2 AD	1 Inpatient 2 ER/Outs	ostiont 3 🗆 DOA	OTHER: 4 Nursing Hom	e 5 🗆 Residence	6 Other (Spec	cily)	
ВУ РН	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIM INJ	URY WO	URY AT PIK? YES 2 NO	28d. DEŞCRIBI	E NOW INJURY OCCU	RED
ED	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spe	' — At home, farm, city)	street, factory, office		28f. LOCATION City or Tow	(Street and Number or n, State)	Rural Route Number,
COMPLET	Cornect Only .	CIAN: To the best of my know ER: On the besis of examination						squee(s) and manner as stated.
BE	296, SIGNATURE AND TITLE OF CERTIFIES	R			29c. LICENSE NUI	WBER	29d. DATE :	IGNED (Month, Day, Year)
5	30 NAME AND ADDRESS OF PERSON WIN	D COMPLETED CAUSE OF DE	ATM STEM 275 /Esse	Drint				19

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perint. Page 1. 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

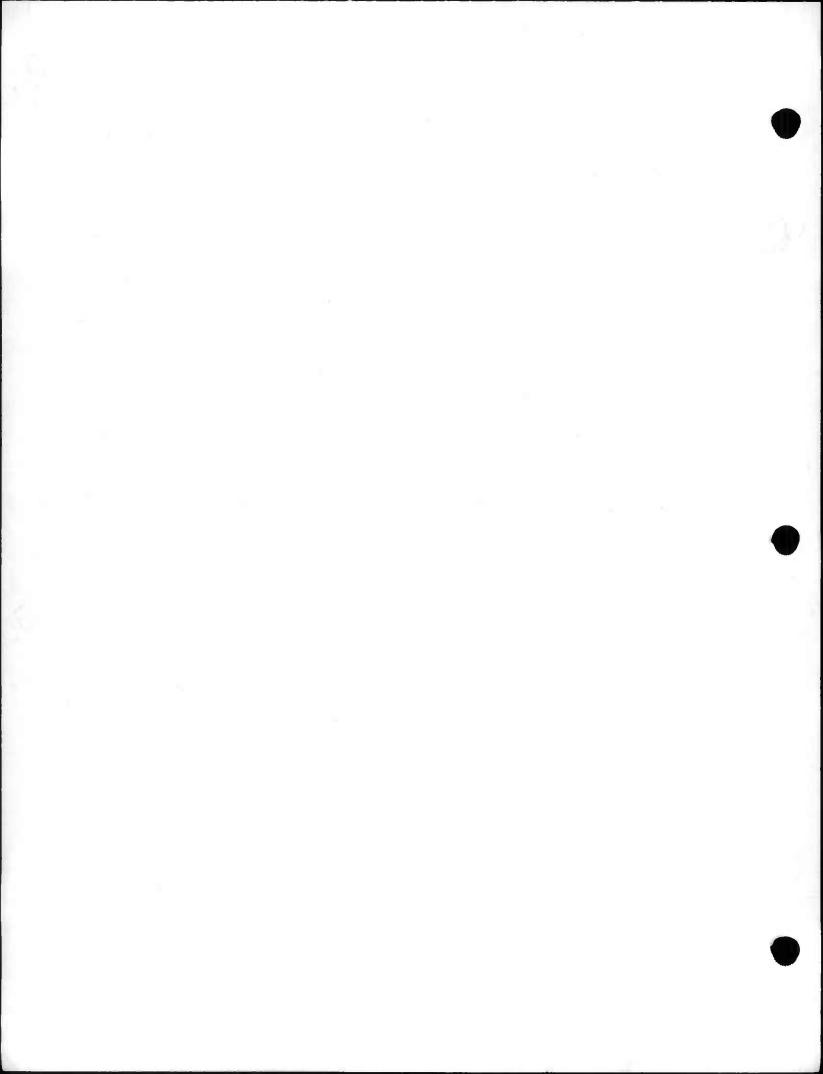
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

32. REGISTRAR'S SIGNATURE
1990 Fulia Savidson

Goodman

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DIVISION OF VITAL RECORDS, F.O. BOA 13149,	AL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2	
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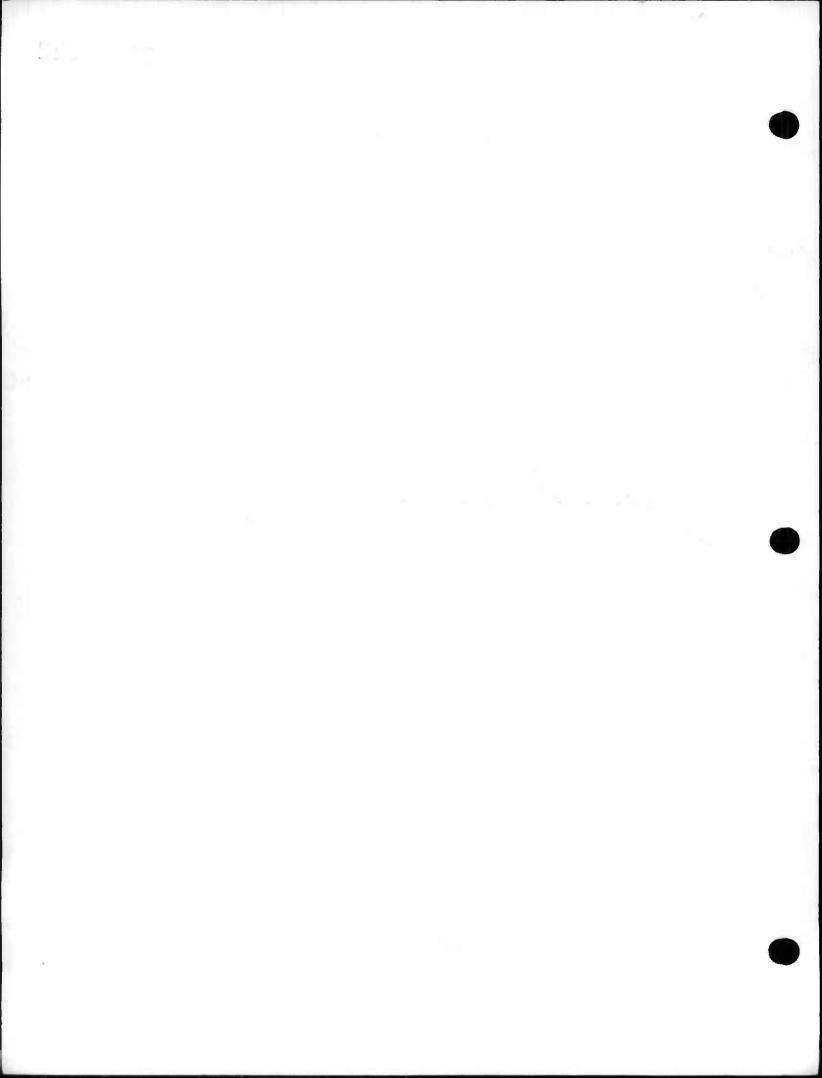
	1 - FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH
	JOHN.	LES	LIE BRO	NWN	7-26-90		5:58AM M
	4. SOCIAL SECURITY NUMBER		MON	NOER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	THPLACE (State or Foreign ntry)
	248-48-1615 9a. FACILITY NAME (If not institution, give str	18 M 2 □ F 57	YAS.		6/4/33		
ac l	1000 Block E. Ba			Baltimore Ci		e. COUNTY OF	DEATH
유	RESIDENCE OF DECEDENT			DOT CIMOTE CI			
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION			tod. INSIDE CITY LIMITS?
۵							1 TYES 2 NO
A.	10e. STREET AND NUMBER			101. ZIP CODE	1	10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL							
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Mexica	n, Puarto Rican, atc.)		CE — American Indian, ck, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 YES 2 NO Specif	y:		LACK
9	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	16a. DECEDENT'S USU	AL OCCUPATION done during most of working	16b. KIND OF BUSIN		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use ret	red.)			
COMPLETED			_				
	17. FATHER'S NAME (First, Middle, Lest)			16. MOTHER'S NA	ME (First, Middle, Maiden Su	mame)	
BE	19a, INFORMANT'S NAME (Type/Print)	-	19b. MAILING ADD	PRESS Street and Number or Rural	Route Number, City or Town,	State, Zip Code)	
5		manufacture of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the					
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ramo	20t	PLACE OF DISPOSITIO	N (Name of cemetery, crematory or	20c. LOCA	TION — City or	Town, State
	4 Donation 6 Other (Specify)	n-state re	moval				
	21. SIGNATURE OF FUNERAL SERVICE LICE	1		22. NAME AND ADDRESS OF FA			
	Manard 1	Made	1.6-90	State Anato	my Board,	Balt	o., Md.
	23. PART i. Enter the diseases, or co			enter the mode of dying, suc	h as cerdiec or respira	tory arrest,	Approximate interval Between
1 1	IMMEDIATE CAUSE (Finel		=====				Onset and Death
	disease or condition resulting in death)			diovascular di	sease		
_		DOE TO (OR AS A	CONSEQUENCE OF):				
ğ	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	CONSEQUENCE OF):				
S	cause. Enter UNDERLYING CAUSE (Disease or Injury						
CERTIFICATION	thet initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				
HH		•					
CAL	PART II. Other significent conditions			ne underlying cause given in	Part I. 24s. WAS AN AL		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
l ă l	Cirrhosis of li	ver and fatt	cy change		XXXXES 2		COMPLETION OF CAUSE OF DEATH?
ME	_due to chronic	alcoholism					NEX YES 2 □ NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C)			
14S	XX YES 2 □ NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Out	26b. TIME O	Nursing Homa 5 Residence 28c. INJURY AT	5XD Other (Specify) 26d. DESCRIBE HOW INJ	Stree	et.
	Netural 5 Pending	(Month, Day, Year)	INJURY	M 1 YES 2 NO			
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY building, etc. (Spe	/ — At home, farm, atree	t, fectory, office	281. LOCATION (Street and City or Town, State)	d Number or Run	I Route Number,
ETED	4 Homicida detarmined				ony or rown, states		
IPLE	(Orack Oray	CIAN: To the best of my know	riedge, death occurred a	the time, data and place, and du	e to the cause(s) and mann	er as stated.	
COMPL	2XXXX EXAMINE	R: On the basis of examination	n and/or investigation, it	my opinion, death occured at the	time, date and place, end	dua to the ceus	e(e) and manner as stated.
BEC	296. ACHATURE AND TITLE OF CERTIFIES	011		29c. LICENSE NU			ED (Month, Day, Year)
TO B	Muyne	he had	J	OC	PIC.	> /-	-26-90
. – 1	30. NAME AND ADDRESS OF PERSON WHO MARGARITA A. KOR	COMPLETED CAUSE OF DE		") 1 Penn Street			

232. HEGISTBAR'S SIDERTURE

DHMH-16 Rev 1/89

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	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, sages 5		If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be me
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	mplete	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event,
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1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	tain	and B	A01		2. DATE (OF DEATH	5 0	EAR 3.	TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (1)	n yrs. last birthday) IF L	ANDER 1 YEAR THIS DAYS	IF UNDER 24 HRS. HOURS MIN.	0.	Day, Year)	21 6	Country)	CE (State or Foreign
9a, FACILITY NAME (If not institution, give	2	A2 90.	CITY, TOWN O	R LOCATION OF DE	EATH OF	102/3	9c. COUNTY	Mary Y OF DEAT	
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT		1000	WN OR LOCAT	ON				-	I. INSIDE CITY LIMITS?
Maryland Bal	timore	Arl	outus 101.	ZIP CODE			10g. CITIZE		YES ZY NO
1050 Downton Roa	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	21227	NIC ORIGIN	? (Specify Yee	US or No.— 14		American Indien, hite, etc.
1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES		If yes, spe	city Cuban, Mexice 2 X NO Specify	n, Puerto R			Specify:	White
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S USU. (Give kind of works life. Do NOT use reti	done during mod		16b.	KIND OF BUS	INESS/INDUS	STRY	
0-8 17. FATHER'S NAME (First, Middle, Last)		Chauffe	r	18, MOTHER'S NA	ME (First, N	Truc			
P. Leory Barford	l			Mild	red H	ranto	m		
19e. INFORMANT'S NAME (Type/Print)				nd Number or Rural I					
Anna L. Barford	20b.	PLACE OF DISPOSITIO		n Road .	Arbut		CATION — CIT		State
1 💢 Buriel 2 🗆 Cremation 3 🗆 Rer 4 🗆 Donation S 🗆 Other (Specify)	noval from State	Loudon					ltimor		
21. SIGNATURE OF FUNERAL SERVICE L	CBH94E	2	Ambr	o ADORESS OF FA OSE Fune Sulphur	ral H			227	_
MMEDIATE CAUSE (Final disease or condition resulting in death)	a. HEPATIC DUE TO (OR AS A WEPATO								interval Betwee
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST		CONSEQUENCE OF):							
PART II. Other significant condition	ns contributing to death b	ut not resulting in th	na undarlyin	g csuse given in	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	CO OF	RE AUTOPSY FINDING NEABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				ACE OF DEATH (Ch	neck only on	(0)			
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outp		HER: Nursing Hom	e 5 🗆 Residence	8 🗆 Othe	r (Specify)			
27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	WO	URY AT RK? (ES 2 NO	28d. DES	CRIBE HOW II	NJURY OCCU	RED	
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a PLACE OF INJURY	— Al home, farm, stree	t, factory, offic			ATION (Street a or Town, State)	and Number or	Rural Rout	Number,
TOTAGE OTHY	SICIAN: To the best of my know								d manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFI	Athalul			29c. LICENSE NUI	MBER			SIGNED (MI	onth, Day, Year)
30. NAME AND ADDRESS OF PERSON W	32. REGISTRAR'S SIGN	ATURE	(1)						



TO BE COMPLETED BY FUNERAL DIRECTOR

REGISTRAR		CERTI	FICATE (OF DEATH	I	REG. NO				
I. DECEDENT'S NAME (First, Middle, Lest Mary	Linda	CR	ESWELL		AU C	ust 4	19	90YEAR	3. TIME OF DEA 2:30	р
I. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday		EAR IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTH	IPLACE (State or F	Foreign
212-76-7896	1 🗆 M 2 🙀 F	33 YRS.	MONTHS D	AYS HOURS MIN.		h, Day, Year)	957	MARY	LAND	
e. FACILITY NAME (If not institution, give	street and number)		96. CITY, TO	WN OR LOCATION OF D	_	, _		UNTY OF D		
FRANKLIN SQUARE	HOSPITAL		ROSEI	DALE			Bal	timor	e Count	y
RESIDENCE OF DECEDENT		la c	ITY, TOWN OR L							
100.000	IMORE		LTIMORI						10d. INSIDE CIT LIMITS? 1 YES 2 X	
. STREET AND NUMBER				101. ZIP CODE			10g. CI	TIZEN OF V	VHAT COUNTRY?	
4216 DARNELL ROA	D			21236			U.	S.A.		
I. MARITAL STATUS Never Married 2	12. WAS DECEDENT EVEN FORCES? 1 IN IF YES, GIYE WAR	YES 2 NO	If ye	B DECENDENT OF HISPA es, specify Cuban, Mexic YES 2 X NO Speci	an, Puerlo		or No		— American Ind k, White, atc.	len.
15. DECEDENT'S ED (Specify only highest gra-		16a. DECEDENT	'S USUAL OCCU	PATION ng most of working	160	. KIND OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfa. Do NOT	use retired.) EMAKER	ng most or working						
N/A	N/A	non			ŀ	HOME				
FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First,	Middle, Malden	Surname)			
OUIS C. RABORG				MARY AG	NES I	BARRY				
n. INFORMANT'S NAME (Type/Print)				treet and Number or Rural						
OHN E. CRESWELL	(HUSBAND)	4216	DARNEI	LL ROAD, B	ALTIN					
a, METHOD OF DISPOSITION Burlal 2 Cremation 3 Re Donation 5 Other (Specify)	moval from State	MOST HOL	OSITION (Name Y REDEI	of cometery, cremetory or EMER CEMET	ERY			City or To	TY, MAR	YL
SIGNATURE OF FUNERAL SERVICE	LICENSEE	Λ		ME AND ADDRESS OF F						
Eugene	. Cast	nes /	9705	MUNEK FUN BELAIR R	ERAL OAD,	HOME, BALTIN	INC 40RE	MAR	YLAND 2	12:
isease or condition seaulting in deeth) sequentielly list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury half intileted events sesulting in deeth) LAST	Myocardic DUE TO (OF DUE TO (OF	a Infarct as a consequence Mellitus as a consequence	of): Cion Of):						Onset an	
Southly III dastil) Exst	Renal Fa	Ture							-	
Hyperkalemia Diabetic Ketoac		eth but not resulting	g in the unde	rlying cause given in	Part I.	24a. WAS APPERFO	RMED?	Y 246	AVAILABLE PRIOR COMPLETION DF OF DEATH? 1 YES 2	R TO CAUS
	J-5									
5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL .		OTUE	26. PLACE OF DEATH (C	heck only o	ne)				
1 TYES 2 NO	A inpatient 2 - El	NOutpatient 3 DOA	OTHER:	Home 5 🗆 Residence	6 🗆 Oth	er (Specify)				
MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJ (Month, Day,		NJURY	c. INJURY AT WORK?	28d. DE	SCRIBE HOW	INJURY O	CCURED		
3 Suicide 5 Could not b 4 Homicide determined	25e. PLACE OF II building, etc.	JURY — At home, farm . (Specify)	n, street, factory	office	25t. LO	CATION (Street or Town, State	and Numb	er or Rural :	Route Number,	
ana)	/SICIAN: To the best of my								s) and manner sa	state
DE. SIGNATURE AND TITLE OF CENTY	HER /			29c. LICENSE NU	JMBER		29d. D/	ATE SIGNED	(Month, Day, Year	()
quattran He	KS			D 3915			>	8/4	190	
NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Ty	pe, Print)							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cemation, or removal. ors after death. Page 6 may be retained by the hospital or attending physical BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

BALTIMORE MARYLAND

4216 DARNELL ROAD

21236

WHITE

U.S.A.

N/A

N/A

HOUSEWIFE

BALTIMORE

HOME

LOUIS C. RABORG

MARY AGNES BARRY

JOHN E. CRESWELL (HUSBAND) 4216 DARNELL ROAD, BALTIMME, MARYLAND 21236

MOST HOLY REDEEMER CEMETERY BALTIMORE CITY, MARYLAND

SCHIMUNEK FUNERAL HOME, INC. 9705 BELAIR ROAD, BALTIMORE, MARYLAND 21236

Egun J. letrus Is

EAND 21203-3146

BALTIMORE,

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 - Jury after death. Page 6 mil	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, he find within 20 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must	

MD	10b. COUNTY			10c. CIT	Y, TOWN OR LOC						INSIDE CITY LIMITS? CYES 2 NO
10s. STREET AND NUMBER	iR				BALTI	MORE 101. ZIP CODE		1	0g. CITIZEN C		
11. MARITAL STATUS 1 Never Merried 2 2 3 Widowed 4 Div		PETT 12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES :	2 NO	If yes,	ECENDENT OF HISPA apocity Cuban, Mexico ES 2 NO Specia	en, Puerto	N? (Specify Yes or Ricen, atc.)		lleck, Whi	merican Indian, ta, atc. Vhite
	ECEDENT'S EDUC only highest grade (0-12)			6a. DECEDENT'S (Give kind of life. Do NOT us	USUAL OCCUPA work done during i se retired.)	TION most of working		City of			٤
17. FATHER'S NAME (First, John.	Middle, Last) Chucosi	ki				18. MOTHER'S NA Anna	OLS Z	Middle, Melden Su Zewski	rname)		
19a. INFORMANT'S NAME Ellen (/	hucoski			318 K	ane St.	Balto.,	Route Num	ber, City or Town,	State, Zip Code)	
				LACE OF DIODO				I ee- 1000	TION — City o	r Town S	itata
20s. METHOD OF DISPOSI		oval from Stata	Sa	cred He	eart of	Jesus (er.	neter	y Dun		Md.	nut g
20s. METHOD OF DISPOS 120 Burial 2 Cremat	ner (Specify)		Sa	ther place) He	eart of	Jesus Cer Jesus Cer AND ADDRESS OF FI Les S. Ze	neter	uy Dun	dalk,	Md. 6224	ern Ave.
20a METHOD OF DISPOSING Burlel 2 Cremated Donatton 6 Oth 21. SIGNATURE OF FUNER Shock, or IMMEDIATE CAUSE (F disease or condition	diaeases, or cheart failure. I	complications ha	Sa Sa Sa Sa Sa Sa Sa Sa Sa Sa Sa Sa Sa S	he daath. Do	22. NAME Char not anter the n	Jesus Cer and address of fi Les S. Ze noda of dying, suc	neter MCILITY iler ch as car	& Son S	ndalk,	Md. 6224	
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20s. METHOD OF DISPOSITION Buriel 2 Cremet 4 Donatton 6 Dith 21. SIGNATURE OF FUNER Shock, or IMMEDIATE CAUSE (F disease or condition resulting in deeth) Sequentially list condition shock, or IMMEDIATE CAUSE (F disease or condition resulting in deeth)	diseases, or cheart failure. I	omplications has List Drily one case. DUE TO DUE TO dd.	Sant caused it use on each of the caused it use on each of the caused it use on each of the caused it use on each of the caused it use on each of the caused it use on each of the caused it use of the caused it use of the caused it use of the caused it use of the caused it use of the caused it use of the caused it uses of the caused it use of the caused it uses of the caused it uses of the caused it uses on each of the caused it uses on each of the caused it uses on each of the caused it uses on each of the caused it uses on each of the caused it uses on each of the caused it uses on each of the caused it uses on each of the caused it uses on each of the caused it uses on each of the caused it uses on each of the caused it uses on each of the caused it uses on each of the caused it uses on each of the caused it uses on each of the caused it uses on each of the caused it uses on each of the caused it uses on each of the caused it uses on each of the caused it uses on each of the caused it uses on each of the caused it uses on each of the caused it uses on the caused it uses on the caused it uses of the caused it uses of the caused it uses of the caused it uses of the caused it uses of the caused it uses of the caused it uses of the caused it uses of the caused it uses of the caused it uses of the caused it uses of the caused it uses of the caused it uses of the caused it uses of the caused it uses of the caused it uses of the caused it uses of the caused it uses of the caused it uses of the caused it uses of the caused it uses of the caused it uses of the caused it uses of the caused it uses of the caused it uses of the caused it uses of the caused it uses of the caused it uses of the caused it uses of the caused it uses of the caused it uses of the caused it uses of the caused it uses of the caused it uses of the caused it uses of the caused it uses of the caused it uses of the caused it uses of the caused it uses of the caused it uses of the caused it uses of the caused it uses of the caused it uses of the caus	ther place) He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He cred He	eart of 22. NAME Chave mot enter the n Slove NP): NP):	Jesus Cer AND ADDRESS OF FI Les So Ze Mode of dying, sur JOCLL I GAN CA	meter iler ich as car wy	& Son S	tory arrest,	Md. 6224 Fast	evn Ave.a Approximate Interval Between
20s. METHOD OF DISPOSITION Burlet 2 Cremet 4 Donatton 6 Dith 21. SIGNATURE OF FUNER Shock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) PART II. Other significations in that initiated events resulting in death) LA PART II. 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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF M	MARYLAND / DEPAR CERTIF	TMENT OF H		MENTAL HYGII	
yd Char	les			2. OATE OF OEATH	DAY 30
r ocy	a sor de la landa blanda de	AT AMERICA A MEAN	W 1819 FR 190	T DATE OF DIPTH	

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF DEATH REG. NO.										
1. DECEDENT'S NAME (First, Middle, Last) Alexander Lloy	a charles				2. OATE OF OEATH		3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEA		7. DATE OF BIRTH		BIRTHPLACE (State or Foreign Country)			
554 12 8672	1 💢 M 2 🗆 F	78 YRS.			Mar.18		New York			
9a. FACILITY NAME (If not institution, give etn				N OR LOCATION OF DE	HTA	9c, COUNTY				
Suburban Hospi	tal		Bethe	esda,		Mont	gomery			
10a, STATE 10b, COUNTY	gomery		town on Lo hesda				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
10e. STREET AND NUMBER 4853 Cordell A	ve.			10f. ZIP CODE 20814		10g. CITIZEN USA	OF WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	If yee,	DECENDENT OF HISPAN, specify Cuben, Mexica YES ZANO Specify	n, Puerto Rican, etc.)	s or No— 14.	RACE — American Indian, Black, White, etc. Specify: White				
15, OECEOENT'S EDUC. (Specify only highest grade of	ATION completed)	16a. DECEDENT'S U		ATION most of working	16b. KIND OF BU	ISINESS/INDUST	FRY			
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	Accountive	t I					
	1	Е	xecu			Owner	-			
17. FATHER'S NAME (First, Middle, Last)				A1-1-1-1-1	ME (First, Middle, Maide					
Morris Charles				Ida	Danials		del			
190. INFORMANT'S NAME (Types of the) be Gertrude Charl			121000111000	et and Number or Rural i	Route Number, City or 10	wn, State, Zip Coo	00)			
200. METHOD OF DISPOSITION		Same		Comptery, crematory or	200 1	OCATION — City	or Town State			
1 Buriel 2 Cremation 3 Remo	tombment M	other place)	Garde	ens	Ro		le, Md.			
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE .			es-Pears Lis Chur		alo46"	mes			
shock, of heert feilure. L. IMMEDIATE CAUSE (Final disease of condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (OR AS):	temonnh	age		Interval Between Onset and Daath 43 hours			
PART II. Other significent conditions Types flux		out not resulting in	n the underl	ying ceuse given in	Part I. 24a. WAS A PERFC 1 : YES	N AUTOPSY ORMED? 2 M NO	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				8. PLACE OF OEATH (C)	neck only one)					
1 YES 2 NO	HOSPITAL: 1 inpatient 2 ☐ ER/Out		OTHER: 4 Nursing	Home 5 🗆 Residence	6 Other (Specify)					
27. MANNER OF OEATH 1 Natural 5 Pending Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	URY	INJURY AT WORK?	28d. OEŞCRIBE HOW	INJURY OCCUP	REO			
2 Accident Investigation 3 Suicide 8 Could not be detarmined	28e. PLACE OF INJUR building, etc. (Spe		treet, factory,	office	281. LOCATION (Stree City or Town, State		Rural Route Number,			
(Crieck Orny	CIAN: To the best of my known						cause(s) and manner as stated.			
296. SIGNATURE AND TO LE OF CERTIFIER	() m	0		29c. LICENSE NU		► 7/	130/90			
30. NAME AND ADDRESS OF PERSON WHO	O COMPLETEO CAUSE OF O	J.W. 4	JG5h	The fus	PL 2	0019	5			
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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIEN REG. NO					
1. DECEDENT'S NAME (First, Middle, Last)	DOROTHY LEE CAMPBELL 2. DATE OF DEATH AUGUST 5, 1990 3. TIME O									
	5. SEX 6. AGE (1 □ M 2 XXF 6.	- //	THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3/29/1921		BIRTHPLACE (State or Foreign Country) aryland			
9a, FACILITY NAME (If not institution, give atre 928 Hammonds Lan				re (Brool	_{klyn Park)}	9c. COUNTY Anne	Arundel			
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY Maryland Anne	Arundel	Balti	MOTE	on (Brookly)	n Park)		10d. INSIDE CITY LIMITS? 1 VES 2 XNO			
100. STREET AND NUMBER 928 Hammonds	Lane		101.	ZIP CODE 2122	5	10g. CITIZEN USA	OF WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	If yes, spe		IC ORIGIN? (Specify Ye 1, Puerto Rican, etc.) :	s or No— 14.	RACE — American Indian, Black, White, atc. Specify: White					
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) 9th 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOMEMAKEY HOMEMAKEY 16b. KIND OF BUSINESS/INDUSTRY										
17. FATHER'S NAME (First, Middle, Last) Charles (NMN)	Smith	Homemake		16. MOTHER'S NAI	ME (First, Middle, Melder T. Smith					
19a. INFORMANT'S NAME (Type/Print) Mr. George W. Campbell 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 928 Hammonds Lane, Baltimore, Maryland 21225										
20e. METHOD OF DISPOSITION 1 CX Burlet 2 Cremetton 3 Removel from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometer), cremetary or Glen Burnie, Maryland										
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Keyin E. Ecker 22. NAME AND ADDRESS OF FACILITY MCCully Funeral Home of Brooklyn 237 E. Patapsco Ave., Balto., Md. 21225										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, abody, or haart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other significant conditions	contributing to death b	out not resulting in the	he underlying	g cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
	HOSPITAL:		THER:	ACE OF DEATH (Ch	eck only one) 6 Other (Specify)					
27. MANNER OF DEATH 1 Natural 5 Pending	28a, DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. INJ WO		28d. DE\$CRIBE HOW	INJURY OCCUR	EO			
2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	f — At home, farm, stree city)	it, factory, office	•	28f. LOCATION (Street City or Town, State		Rural Route Number,			
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of azamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.										
296. SIGNATURE AND TITLE OF CERTIFIER	yomer	n		29c. LICENSE NUM	4BER 3 0 7	29d. DATE SI	IGNED (Month, Day, Year)			
Dr. Rani S. Kar	ripineni, MD	3927 A	*	is Rd.,	Baltimore	, Maryl	and 21227			
31, DATE FILEO (Month, Day, Year)	32, BEGISTRAR'S SIG	NATURE -								

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BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

					5 (41041
FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		NT OF HEALTH AND I	MENTAL HYGIEN REG. NO.	E	
1. DECEDENT'S NAME (First, Middle, Last)			2 01 221111	2. DATE OF DEATH		3. TIME OF DEATH 2
SADIE	JOHN:	SON	Carter	MONTH DA	- 90	630
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs.		ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	7	HPLACE (State or Foreign
		MONTH		(Month, Day, Year)	Coun	try)
220-05-0684 9a. FACILITY NAME (if not institution, give stre			TY, TOWN OR LOCATION OF DE	11/18/19	9c. COUNTY OF	Carolina
Baltimore Coun	<u>ty General</u>		Randallsto	wn	Randa	llstown
10a. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY
MARYLAND	1	DAT	TIMORE			LIMITS?
10e. STREET AND NUMBER		DAI	101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
501 W. FRANKL	и стреет		21229		US	27
	12. WAS DECEDENT EVER IN U.S.	ARMED	3. WAS DECENDENT OF HISPAI	NIC ORIGIN? (Specify Yes		CE — American Indian.
1 Never Married 2 Married	FORCES? 1 YES 2		If yes, specify Cuban, Maxica	nn, Puerto Rican, etc.)	Ble	ck, White, etc.
3★ Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 TYES 2 NO Specifi	y.	Spe	BLACK
15. DECEDENT'S EDUCA	ATION 16a.	DECEDENT'S USUAL	OCCUPATION	16b. KIND OF BUS	SINESS/INDUSTRY	
(Specify only highest grade of Elementary/Secondary (0-12)	completed)	(Give kind of work dor life. Do NOT use retired	ne during most of working			
Elemental y Secondary (0-12)	Comage (F4 of 5+)					
17. FATHER'S NAME (First, Middle, Lest)			18 MOTHER'S MA	AME (First, Middle, Malden	Sumame)	
	OTT		100	3-27-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	outremaj.	
JAKE SMIT		405 1448 110 455	UNKNO		- Date 7'- 0-4	
19a. INFORMANT'S NAME (Type/Print)			ESS (Street and Number or Rural			207
AUDREY BROOKS			DORADO AVE			1207
20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remove	val from State other	r place)	(Name of cemetery, crematory or		CATION — City or	
4 Donation 5 Other (Specify)			TAR CEMETER		LTIMMOE	RE,MD
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE //	1 11	2. NAME AND ADDRESS OF FA LEROY O. DY		N FIINFI	DAT HOME
FONOL (() hukt	(C) 4 ()	4600 LIBERT			21207
23. PART I. Enter the diseases, or co	omplications that/coused the	deeth. Do not en	ter the mode of dying, suc	ch ea cardlec or respi	ratory errest,	Approximate
ahock, or heart fellure. L	list only one cause on each II	ine.				Interval Between Onset and Death
IMMEDIATE CAUSE (Fine)	METHIPILL	'1 - DIE	CT417 STA	24/2000	at Acco	S IA - A-
resulting in death)	TO FIT OFFICE	0 -/ B 1/	3010/ -17	proceed	THE /2	EUR ENDOUGH
	DUE TO (OR AS A CONS	SEQUENCE OF:	1-	0.		
Sequentially list conditions,	DUE TO (OR AS A CONS	315 6	0/ 257	505		
If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OH AS A COM	SEGUENCE OF J:	,			
CAUSE (Diseese or injury	DUE TO (OD 10 1 00)	SECULIAR OF				<u> </u>
thet initiated events resulting in death) LAST	DUE TO (OR AS A CONS	SEGUENCE OF J:				
d d						
PART II. Other algnificent conditions	contributing to death but no	ot resulting in the	underlying cause given in	Part I. 24a. WAS AN		Ib. WERE AUTOPSY FINDINGS
DIABETE M	FOI Tue w	NEUNI	DATH D	CONT ELL	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE
1.6 201		10000	11/9/10		Nocce	Z-OF DEATH?
ARUNIOSCIC	notic capp	20 2756	uga Vise	राज्य		1 TYES 2 NO
S/D Explen	4 cary CA	paro	Comes.			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН	26. PLACE OF DEATH (C)	heck only one)		
	1 Inpatient 2 ER/Outpatient		Nursing Home 5 - Residence	8 Other (Specify)		
27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	26c. INJURY AT WORK?	28d. DESCRIBE NOW	NJURY OCCURED	
1 Natural 5 Pending 2 Accident Investigation		М	1 YES 2 NO			
3 Suicide 8 Could not be	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, street,	factory, office	28f. LOCATION (Street City or Town, State,		I Floute Number,
4 Nomicide determined	manually and (opcody)			on, or rown, state,		
29a. CERTIFIER 1 D CERTIFYING PHYSIC	NAN: To the best of my knowledge,	death occurred at 1	se time data and stock and di-	e to the reupsial and an	nner es stated	
(Critical Civily	R: On the basis of examination and/					Na) and manner as stated
	the past of examination and/	o. mresnyanon, in n	y opinion, death occured at the	- une, wate and place, at	due to the Cause	(a) and mention as stated.
296, SIGNATURE AND TITLE OF CONTIFIER	1		29c LICENSE NU		29d. DATE SIGNI	ED (Month, Day, Year)
(Sen	al		D125	02	8-	2-96
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print)				

32. REGISTRAR'S SI

31. DATE FILED (MONE)

1990

RANDACIONA

Trelia 2 p 2 FUNERAL DIRECTOR

TO BE COMPLETED BY

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			C	ERTIFIC	CATE OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)	Fra	nk R.	Coo	ke		MONTH	of DEATH	990	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. In:		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTH (, Day, Year) 22/19	04	Country	PLACE (State or Foreign
90. FACILITY NAME (If not in 814 Moc)	stitution, give stree kingbi			9		OR LOCATION OF DI		2/19	9c. COU	nty of D	EATH
10e. STATE	10b. COUNTY			10c. CITY,	TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?
Md.		lto.Co		<u></u>	Tows	On f. ZIP CODE			100 017	ZEN OF W	1 YES 2 NO
Strand St. 1211/200		ind To	20		10	2120	4			IIS A	THAT COUNTRY?
11. MARITAL STATUS 1									The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) 1 2 th Grade 4 years 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Auditor 16b. KIND OF BUSINESS/INDUSTRY Chase & Solomon										omon	
17. FATHER'S NAME (First, M		years		110	tar oor	16. MOTHER'S NA	ME (First, I			5010	<u> </u>
		John		Cooke		Elsia				knor	√n
Mrs.Flor		Cooke			2-1-1	and Number or Rural abird L					1204
20a. METHOD OF OISPOSIT 1- Burlel 2 Crematic 4 Donetion 5 Other	ION on 3 - Remov		20b. PLACE other p	OF DISPOSIT	ION (Name of ce	metery, crematory or	ane,	20c. LO	cation -	City or To	
21. SIGNATURE OF FUNERA		NSEE /	Salo	OII Pa	22. NAME A	metery ND ADDRESS OF FA		Ва	lto	.Md.	21230 E.Fort Av
23. PART I. Enter tha d			et paused the duse on each lin								Approximata interval Batween
IMMEDIATE CAUSE (Fir disease or condition resulting in deeth)		- 1			Kepa	tic Cov	rain	sma			Onset and Death
Sequentielly liet condit if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or inju- that initieted events resulting in death) LAS	edlete ING ury c.	DUE TO	O (OR AS A CONSE	OUENCE OF):	•						
PART II. Other algolfica	d.	contributing to	deeth but not	reaulting in	the underlylr	g cause given in	Part I.	24a. WAS AN PERFOI	RMED?	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
						_	_	1 1 123 2			OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED T		HOSPITAL:			28. F	LACE OF DEATH (CI	heck only or	7 0)			
1 TYES 2 NO			ER/Outpatient		I ☐ Nursing Ho	ne 5 Residence	-	r (Specify)	N II IBY OC	CURED	
1 Natural 5 2 Accident	Pending Investigation	(Month, I	Day, Year)	INJUI	M 1 🗆	YES 2 NO					
4 Homicide	Could not be determined		OF INJURY — At h , etc. (Specify)	ome, term, str	eet, nactory, om	GO		ATION (Street or Town, State,		r or Hurai i	Houte Number,
COMBON ONLY						e end place, and du death occured at the					s) end manner as atated.
29b. SIGNATURE AND THE	The	wy	ell,	W	W	29c, LICENSE NU	334	/	29d. DA	S-	(Morith, Day, Year)
Joseph W). Zeble	M.D.	7801 1	Auch (Il Si	its 102	Ton	om,	nd.	2/20	04
31. DATE FILED (Month, Day	distrib	4. 32 REGISTR	AR'S GNATURE	1							

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the data after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

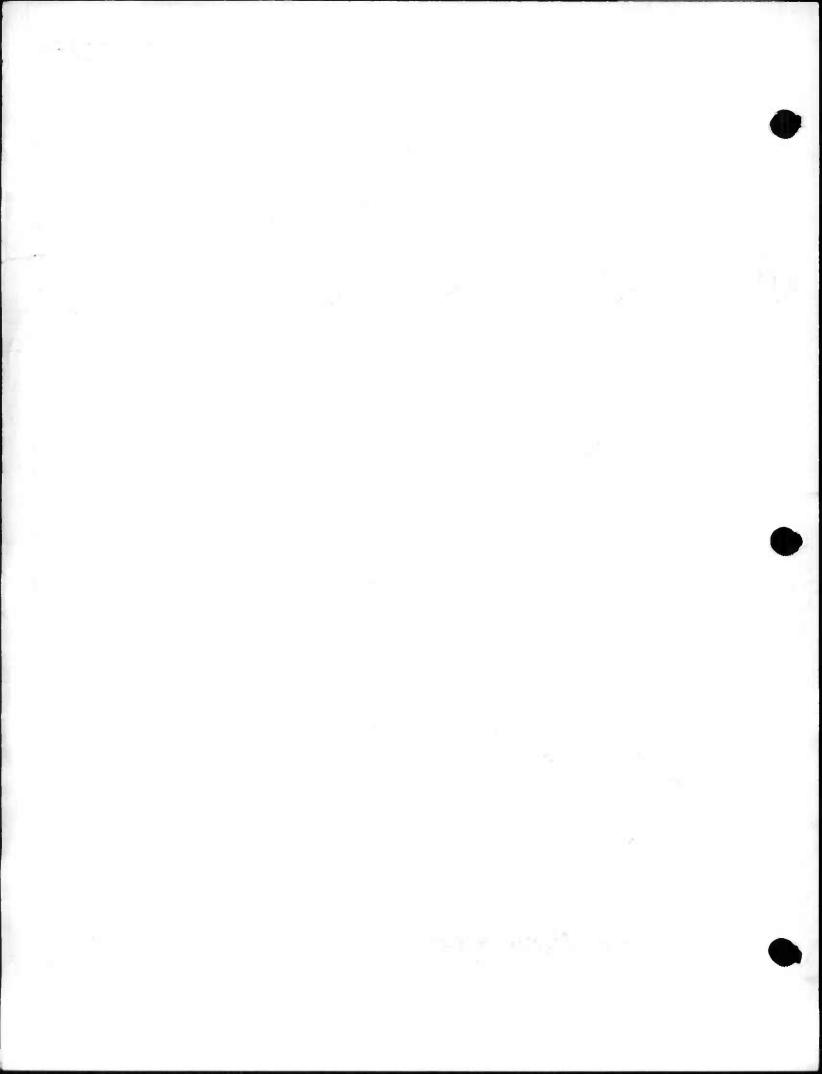
1 - STATE REGISTRAR		CERTIFIC	CATE C	F DEATH	MENT	REG. NO.					
1. DECEDENT'S NAME (First, Middle, Last)	HEN	Ciarr	JER	,	2. DATE	F OF DEATH	7- 0	SEAR 3.	TIME OF DEATH (3:00 Am		
4. SOCIAL SECURITY NUMBER 2/2-/0-/8/3	8. SEX 6. AGI	E (In yrs. last birthday)	IF UNDER 1 YEA		7. DATE	E OF BIRTH	101	BIRTHPL Country) Mary	ACE (State or Foreign		
96. CITY, TOWN OR LOCATION OF DEATH 96. CITY, TOWN OR LOCATION OF DEATH 97. COUNTY OF DEATH 87.20 Emg. RD - TOWSON, MD - RESIDENCE OF DECEDENT											
10a. STATE 10b. COUNT	ltimore	10c. CITY,	TOWN OR LO	OCATION					d. INSIDE CITY LIMITS? YES 2 NO		
30 7 Thanhe) A	bad Du	n dalk n	nD,	101. ZIP CODE	12		10g. CITIZE		T COUNTRY?		
II. MARITAL STATUS Never Married 2 Married Never Married 2 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes	DECENDENT OF HISPA , specify Cuban, Maxie YES 2 NO Spec	en, Puerto			I. RACE Black, V	American Indian, fhita, atc. . White		
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		(Give kind of work done during most of working					siness/indus		ng & Refir		
r. FATHER'S NAME (First, Middle, Last) Frank C. Ciganel	k			16. MOTHER'S N		Middle, Malden	Surname)				
19a. INFORMANT'S NAME (Type/Print) Bernard J. Zemai	nski			et and Number or Rura					21234		
20s, METHOO OF OISPOSITION 1 C Burlat 2 Cremation 3 Rer 4 Donation 8 Other (Specify)	2	tob. PLACE OF DISPOSI other place)	TION (Name o			20c. LO	cation — ch	ly or Town	, Stata		
21. SIGNATURE OF FUNERAL SERVICE L	Dabrows	h:	22. NAM	EAND ADDRESS OF Ther Dabr	OWS k	i FUne	ral Ch	apel			
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS	S A CONSEQUENCE OF):	of h	er	ren 19.					
PART II. Other algorificent condition	d.	n but not resulting in	n tha under	lying cause given i	n Part I.	24a, WAS AN PERFOI 1 YES 2	PMED?	AR CO	ERE AUTOPSY FINDINGS MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	8. PLACE OF DEATH (.rd		-				
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year		JRY	INJURY AT WORK?	28d. Di	ESCRIBE HOW	NJURY OCCU	RED			
3 Suicide 6 Could not be detarmined	28s. PLACE OF INJUI	IRY — At home, farm, at pecify)	treet, factory,	office		CATION (Street by or Town, State)		Rurel Rou	te Number,		
one)	SICIAN: To the bast of my kn								nd menner as stated.		
29b. SIGNATURE AND TITLE OF CERTIFIE	w.v.	P. 6	20	29c. LICENSE N	UMBER 3	50	29d, DATE :	SIGNED (M	forth, Day, Year)		
30. NAME AND ADDRESS OF PERSON W	ord Pd. 1 B	Balt. M		234		0			t		
31. DATE FILEO (Month, Day, Year)	32. REDISTR T'S SN	GNATURE	4 100	,							

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a first after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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HENRY W. JENKINS & SONS 4905 YORK RD.BALTO.MD.21212 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Research or condition) OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (M'							NOTO	I,VI	RGINIA
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296. SIGNATURE AND TITLE OF CERTIFIER 296. DATE SIGNATURE NUMBER 296. DATE SIGNATURE NUMBER 296. DATE SIGNATURE (MONTH, Day, Year) 8-3-90 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Daniel F. Pauly MD John Hoplins Hospital Balto. mb. 21205	1		PHYSICIAN: To the best of	my knowledge, d	eath occur	red at the	time, date	and place	and due	to the	cause(s) and ma	nner as at	ated.	
296. SIGNATURE AND TITLE OF CERTIFIER 296. DATE SIGNATURE NUMBER 296. DATE SIGNATURE NUMBER 296. DATE SIGNATURE (MONTH, Day, Year) 8-3-90 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Daniel F. Pauly MD John Hoplins Hospital Balto. mb. 21205	M	one)												(a) and menner as stated.
Danil F. Pauly MD John Hoplins Hospital Balto. mb. 21305		20h SIGNATIRE AND TITLE OF CE	DTIEFED					200 110	ENGE MIN	MRSD		204 04	TE GIONE	ID (Month Day Vest)
Daniel F. Pauly MD John Hoplins Hospital Butto. Mb. 21305	BE	D. 17	000	^							ام ال	D		
Daniel F. Pauly MD John Hoplins Hospital Bulto. MB. 21205	2	30. NAME AND ADDRESS OF PERS			EM 27) (7/n	e, Print)						Lm1/.	8-	3-10
AUG 0 7 1990 Julia Maridson Jandelle		Damel 1	=. Pauly M	0 05	ليما	Hoph	ear S	Hosp	ital	-4	Balto.	WP	· ala	305
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DHMH-16 Rev 1/89



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

it permit. Pages 1. 2. 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE REGISTRAR	STATE OF MAI	RYLAND /	DEPARTI	MENT OF	HEALTH F DEAT	AND N		YGIENE REG. NO.	E			
DECEOENT'S NAME (First, Middle, Last) .TOHANNE.	RIITH		COURSE	NT			2. DATE OF MONTH	DEATH DAY		YEAR	TIME OF DEATH	
4. SOCIAL SECURITY NUMBER		AGE (In yrs. les		F UNDER 1 YEAR	IF UNDER	R 24 HRS.	7. DATE OF	BIRTH	, 1	8. BIRTHPL	ACE (State or Foreign	
142-36-7144	1 M 2 F	47	YRS.	ONTHS DAYS	HOURS	MIN.	OCT.		42	NEW	JERSEY	
9a. FACILITY NAME (If not institution, give s	treet and number)	7	9	b. CITY, TOWI	OR LOCATI			7		TY OF DEA		
GREATER LAUREL F	BELTSVILLE	HOSPIT	CAL	LAUF	REL			-	PRI	NCE G	EORGES	
MESIDENCE OF DECEDENT	v		toe CITY	OWN OR LOC	ATION					1.	0d. INSIDE CITY	
	E ARUNDEL			MBRILI						- 1	LIMITS?	
10e. STREET AND NUMBER	ARUNDEL		U GA		IOI. ZIP COD	E			10g, CITI		AT COUNTRY?	
1514 DICUS MILL F	ROAD				2105	54				S.A.		
11. MARITAL STATUS	12. WAS DECEDENT EN				ECENDENT (OF HISPAN	IIC ORIGIN? (S			14. RACE -	- American Indian,	
1 Never Married 2 Married 3 Widowed 4 Olvorced	FORCES? 1 IF YES, GIVE WAR		10		specify Cubi		n, Puarto Rica /:	n, atc.)		Specify:	White, atc. WHITE	
15. DECEDENT'S EDU (Specify only highest grade	CATION		CEDENT'S US			ino.	16b, Kil	NO OF BUS	INESS/IND	USTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	life	Do NOT use i	etired.)	most or work	ng						
12th	NONE	NU	JRSING	ASSIS	TANT			N	URSI	NG HO	ME	
17. FATHER'S NAME (First, Middle, Last)							ME (First, Midd					
WILLIAM R. COURS	SEN				_		BETH I					
19a. INFORMANT'S NAME (Type/Print)	10	19					Route Number,					
MRS. BETTY E. KIN	NG .	201 01 105					D GAM					
1 X Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	other pl	of oisposit ace) AMDEN	·	*	metory or		CAMDEN, NEW JERSE				
21, SIGNATURE OF FUNERAL SERVICE LI	CENSEE	NEW C	AUDEN	-	AND AODRE	SS OF FA	CILITY	0.1	AMDEI	N, INE	W JEKSEI	
of Herry	Hookin						SIN				L HOME MD.21061	
23. PART i. Enter the dispases, or	complications that co	used the de	ath. Do not								Approximats	
shock, or heart failure. iMMEDIATE CAUSE (Final	Λ										Interval Between Onset and Death	
disease or condition resulting in death)	. (45)	PIRI	4 JOL	Y F	AIL	NUE	Ξ					
	DUE TO (OF	AS A CONSE	OUENCE OF):	,								
Sequentially list conditions,	b											
If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OF	AS A CONSE	DUENCE OF):									
CAUSE (Disease or injury that initiated events	cDUE TO (OF	AS A CONSE	OUENCE OF:								<u> </u>	
resulting in death) LAST	Carriera Carriera											
	G											
PART II. Other significant condition						given in	Part i. 24	PERFOR			WAILABLE PRIOR TO	
PULM	ION ARM	H7()	BLIE	אסארע	<u> </u>		1	YES 2	NO		OF DEATH?	
							_		,	1	YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			THER:	111 60		eck only one)					
1 YES 2 NO	1 Inpatient 2 El		28b. TIME		ome 5 R	tesidence	8 Other (S 28d. DESCR	-	LIURY OC	CURED		
1 Netural 5 Pending	(Month, Day,	Year)	INJUR	łY.	WORK?	□ NO	200. 2200.			001120		
2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF II	IJURY — At he	ome, farm, str				28f. LOCATI		nd Number	r or Rural Ro	ute Number,	
4 Homicide 8 Could not be determined	building, etc	. (Specify)					City or i	lown, State)				
CONSOR ONLY	ER: On the basis of exam										and manner as stated.	
29b. SIGNATURE AND TITLE OF CERTIFIE	Denne	ND			29c, LIC	24	MBER 942		29d. DAT	SIGNED (Month, Day, Year) 05-90	
30 NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE	OF DEATH (ITE	EM 27) (Type, F		erry	Lan	e Lo	ure	l Mi	020	707	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE		, 01		- 00 7			. ,			
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-rours after death. Page 6 may be retained by the hospital or attending the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties	DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buring permit, Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burdal, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
O THE HOSPITAL OR ATTENDING PI	TO THE FUNERAL DIRECTOR; After this certi-	e filed within 72 hours after death v	IMPORTANT: If item 28 is marked,

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	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		NENTAL HYGIEN REG. NO.				
	1. DECEDENT'S HAME (First, Middle, Last)					2. DATE OF DEATH		S. T	IME OF OEATH	
	Margaret			olburn		8-3-90			.05AM M	
į	4. SOCIAL SECURITY HUMBER	5. SEX 6. AGE (fi	MONTH			IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year)			CE (State or Foreign	
ļ	215-10-3376 1 M 2 K F 94 YRS			96, CITY, TOWN OR LOCATION OF DEATH			1896		ryland	
OB	3616 Delverne Road				timore Ci					
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY 10c, CITY, TOWN OR LOCATION 10d, IHSIDE CITY									
DIRECTOR	Maryland	Baltimore C				<u> </u>				
FUNERAL	100. STREET AND NUMBER 3616 Delverne Road					21218	10g. CITIZEN		tates	
ΞI	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	EHDENT OF HISPAH	IC ORIGIN? (Specify Yes			merican Indian.	
BY FL	1 Hever Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO ITES	If yes, spe	2 X HO Specify:	, Puerto Rican, etc.)		Black, Whi Specify:	White	
COMPLETED	16, OECEDENT'S EDU (Specify only highest grade	CATIOH completed)	16a. DECEDENT'S (Give kind of w	ork done durina mo:	N st of working	16b. KIND OF BU	SIHESS/IHDUS	TRY		
PE	Elementary/Secondary (0-12)	College (1-4 or 5+)		y Servio	`@					
2	17. FATHER'S NAME (First, Middle, Last)		Ladilai	y oct vic		ME (First, Middle, Malden	Surname)			
	John	Wie	derspahn		Margar		Blot	kamp		
BE	19a. IHFORMANT'S NAME (Type/Print)					loute Number, City or Tow				
임	Helen Brown		3616	Delverne	Road B	altimore,	Marvl	and	21218	
	20s. METHOD OF DISPOSITION		PLACE OF DISPOS				OCATION — City or Town, State			
	1 Donation 5 Other (Specify)	oval from State	Dulaney Valley 8/6/90 Cockeysville Md.							
	21. SIGHATURE OF FUHERAL SERVICE LIC		hight Jr	22. HAME AF	ID ADDRESS OF FAC	DILITY 2	1214			
	Multon 1.	Knight!		Leonar	d J. Ruc	k, Inc. 5	305 Ha	rford	Rd.	
	23. PART I. Enter the diseases or			ot antar tha mo	da of dying, auch	sa cardiac or resp	Iratory srresi	t,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final								Onset and Death	
	disease or condition s. Arteriosclerotic cardiovascular disease									
1		DUE TO (OR AS A	CONSEQUENCE OF							
NO	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):									
TA.	If any, leading to immediate cause. Enter UNDERLYING	502 10 (611 110 11	,		İ					
CERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	7):						
F	resulting in death) LAST	d								
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I, 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
S	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in					PERFO	PERFORMED? 1 YES 2 NO OF DEATH?			
9						1 YES 1	2-(3-(NO		DEATH?	
Σ						- INOU	[RY	''	YES XX NO	
AN	25. WAS CASE REFERRED TO MEDICAL			24. PI	ACE OF OEATH (Che					
PHYSICIAN: MEDICAL	EXAMIHER? 1X XYES 2 HO	HOSPITAL:	atlent 3 [DOA	OTHER:	OTTO AND DESCRIPTION OF THE					
H	27. MAHHER OF DEATH 28s. DATE OF INJURY 26b. TIME OF 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED									
ВУ Р	XACYNetural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation				YES 2 NO	2 NO				
8	3 Suicide 6 Could not be 4 Homicide datarmined 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)									
COMPLET	Oriota oray	ICIAN: To the best of my know ER: On the basis of examination							d menner se stated.	
296. BICKETURE AND COLUMN 296. LICENSE NUMBER							29d. DATE S	SIGNEO (Moi	orth, Day, Year)	
00	10100				OC	ME	•	8-4	-90	
2	30. NAME AND ADDRESS OF PERSON WE FRANK PERETTI, MD				Street 1	Baltimore	MD 212	201	VC	
	, , , , , , , , , , , , , , , , , , , ,							-01	VC	

31. DATE FILEO (Month, Day, Year)

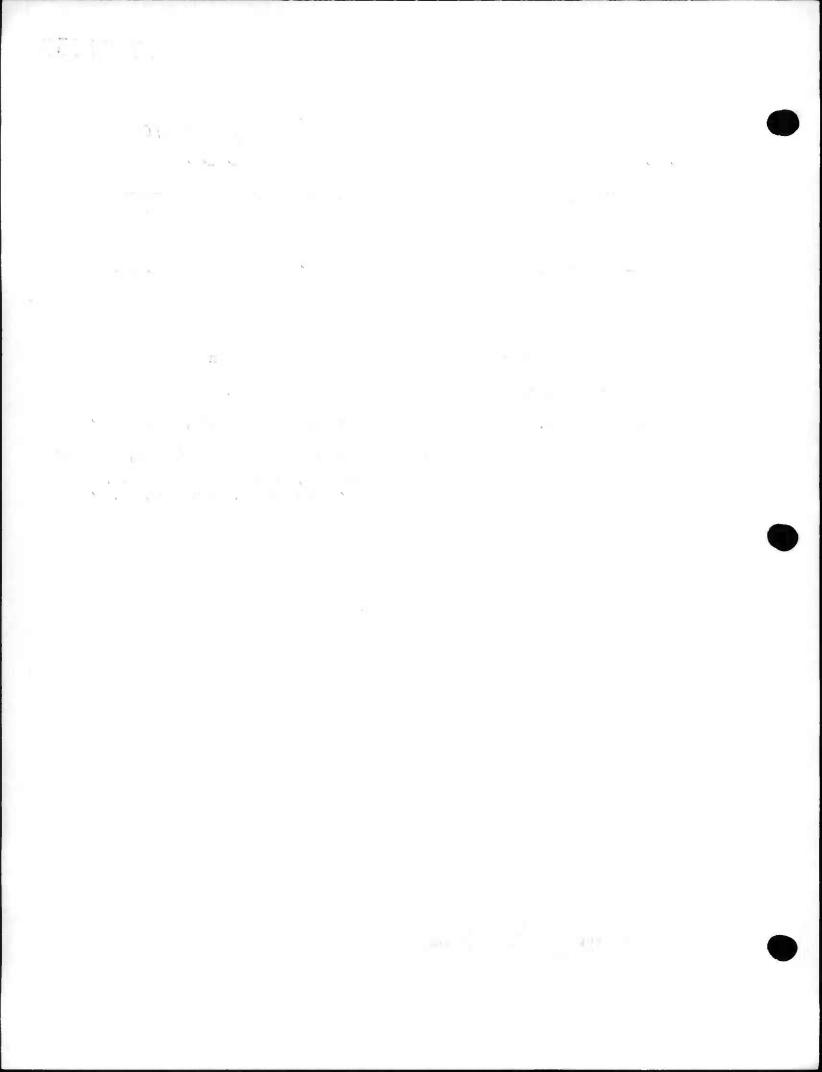
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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Fours after	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	led within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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29. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLS OF DETITION 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year, Street) 29d. DATE SIGNED (Month, Day, Year, Street) 29d. DATE FILED (Month, Day, Year, Street) 29d. DATE FILED (Month, Day, Year, Street) 29d. DATE FILED (Month, Day, Year, Street) 29d. DATE FILED (Month, Day, Year, Street) 29d. DATE SIGNED (Month, Day, Year, Street) 29d. DATE FILED (Month, Day, Year, Street) 29d. DATE SIGNED (Month, Day, Year, Street) 29d. DATE SIGNED (Month, Day, Year, Street) 29d. DATE SIGNED (Month, Day, Year, Street) 29d. DATE SIGNED (Month, Day, Year, Street) 29d. DATE SIGNED (Month, Day, Year, Street) 29d. DATE SIGNED (Month, Day, Year, Street) 29d. DATE SIGNED (Month, Day, Year, Street) 29d. DATE SIGNED (Month, Day, Year, Street) 29d. DATE SIGNED (Month, Day, Year, Street) 29d. DATE SIGNED (Month, Day, Year, Street) 29d. DATE SIGNED (Month, Day, Year, Street) 29d. DATE SIGNED (Month, Day, Year, Street) 29d. DATE SIGNED (Month, Day, Year, Street) 29d. DATE SIGNED (Month, Day, Year, Street) 29d. DATE SIGNED (Month, Day, Year, Street) 29d. DATE SIGNED (Month, Day, Year, Street) 29d. DATE SIGNED (Month, Day, Year, Street)		1 Natural 5 Pending			INJU	JRY WO	PRK?	□ NO	Zea. DESCRIBE N	OW INJURY O	CCORED		
29b. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as 29b. SIGNATURE AND TITLE OF DEATH (ITEM 27) (Type, Print) 29b. SIGNATURE AND TITLE OF DEATH (ITEM 27) (Type, Print) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year, Death of the print) 25c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LICENSE NUMBER 27c. LI	8	3 Suicide 6 Could not be	28e. PLACE OF building, e	INJURY — At hon itc. (Specify)	ne, farm, st	treet, fectory, offic	:0		28t. LOCATION (S City or Town,	reet and Numb State)	per or Rural	l Route Number,	_
296. SIGNATURE AND TITLE OF CENTURE MAD 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 37. Porton 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER	OMPLE	(Check only										o(a) and manner as sta	ted
30. NAME AND ADDRESS OF REASON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Ceducic Sheffield MD Box 77, University of MDHospital, 22,5. Green 54, 31. DATE PILED (Month, Day, Mar) 4. 32, REGISTRAR'S SIGNATURE.	ш	296. SIGNATURE AND TITLE OF CENTURA	7 -11	4.0			29c. LIC	ENSE NUI	ABER	29d. D/	ATE SIGNE	ED (Month, Day, Year)	
Ceduci Sheffield MD Box 77, University of MDHospital, 22,5. Green 54,		Cean Ref	rely /	10	100 7	0-1-0	\mathcal{P}	37	678		8	5-90	
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FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE OF MARYLAND A			HEALTH F DEAT		NTAL HYGIEN	E			
1	1. OECEDENT'S NAME (First, Middle, Last)		,			DATE OF OEATH	<u>r</u>	YEAR O	3. TIME OF DEATH	
d	MARY E DOXZ 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. le		ay) IF UNDER 1 YEAR IF UNDER 24 HRS. 7.			7. OATE OF BIRTH 6.			PLACE (State or Equipm)	
	213-01-224 10 M2 XF 88	YRS.	MONTHS DAY		MIN.	(Month, Day, Year)	01	BA	LTIMORE,	
Œ	9a. FACILITY NAME (If not institution, give street and number) Stella MARIS Hospic			N OR LOCATIO	-	D -		TY OF O	MORE	
20	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		, TOWN OR LO			D	PI	21	10d. INSIDE CITY	
DIRECTOR	Maryland =====		altimo						LIMITS?	
	10e. STREET AND NUMBER			101. ZIP CODI					HAT COUNTRY?	
FUNERAL	1123 Ramblewood Rd., Apt. B	RMED	13 WAS	2123		ORIGIN? (Specify Yea		I.S.	American Indian.	
Β¥	1 Never Married 2 Married FORCES? 1 YES 2 TO F YES, GIVE WAR OR DATES		If yes		n, Maxican, F	Puerto Rican, etc.)		Black	white, atc.	
COMPLETED	(Specify only highest grade completed)	ECEDENT'S Give kind of w b. Do NOT us	USUAL OCCUP rork done during e retired.)	ATION most of working	g	16b. KIND OF BUS	SINESS/IND	USTRY		
PLE	Elementary/Secondary (0-12) College (1-4 or 5+) "" 8th Grade		kkeepe	r		Drug	Store	8		
	17. FATHER'S NAME (First, Middle, Leat) William E. Doxzen			16. MOT		(First, Middle, Maiden Surname)				
BE		9b. MAILING	ADDRESS (Str	eet and Number		ret Murra te Number, City or Town		Code)		
2	Margaret A. Oltman					adena, M				
	20s. METHOD OF DISPOSITION 1\(\tilde{\Omega}\) Burial 2 \(\subseteq\) Cramation 3 \(\subseteq\) Removal from Stata 4 \(\subseteq\) Donation 5 \(\subseteq\) Other (Specify)	New C	athedr	al Cen	metory or netery	20c. LO	cation — Balti			
	TI. BIGHATURE OF FUNERAL SERVICE LICENSEE					e Funeral				
	Meorge & Monce					,Baltimo				
CERTIFICATION	23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such ea cerdiac or respiretory arrest, shock, or haert felitire. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due To (or as a consequence of): Sequentially list conditions, if smy, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that intitated events) OUE TO (OR AS A CONSEQUENCE OF):									
ERT	resulting in deeth) LAST									
PHYSICIAN: MEDICAL (PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO									
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		QTHER:	B. PLACE OF D	EATH (Check	only one)				
	1	28b. TIM	E OF 280 URY	Home 5 Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa Randa	2	6 ☐ Other (Specify) 28d. DEŞCRIBE HOW INJURY OCCURED				
TED BY	2 Accident Investigation 3 Suicide 6 Could not be datarmined 26a. PLACE OF INJURY — At home, farm, street, factory, office builtding, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							Boute Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as attedd. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.									
BE	29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) \$\int \mathcal{P} \begin{align*} \text{P} \begin{align*} \text{SIGNATURE AND TITLE OF CASCIFIER 29d. DATE SIGNEO (Month, Day, Year) \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P} \begin{align*} \text{P}									
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT	5/ (Type	Print)	MAI	115	Hospe	es	,		
	AUG 0 7 1990 Sicha Dandson-Hands									

BALTIMORE, MARYLAND 212 ours after death. Page 6 may be retained by the hospital or

	Pages 1, 2, 3 should	
spital or an experiment	hed for use or final house	
HYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use on the control of the control bear of blooms and bearing the control bear of blooms.	riced, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
be executed within 24 yours after de-	r this certificate has been signed by the attending physician and completely filled in by the fu-	aumatic event, the medical exa
requires that the death certificate t	been signed by the attending physici	shows any injury, or other tra
R ATTENDING PHYSICIAN: The law	RECTOR: After this certificate has I	IPORTANT: If item 28 is marked, or item 23
TO THE HOSPITAL OR ATTENDING PHY	TO THE FUNERAL DIRECTOR: After th	IMPORTANT: If Its

	9.0	21555
	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1 - REGISTRAR FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	21000
	MONTH DAY YEAR	TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLA	ACE (State or Foreign
	250-48-8605 10 M 2 0 F 57. YRS. MONTHS DAYS HOURS MIN. (Month, Dey, Year)	S.C.
TOR	96. FACILITY NAME (If not institution, give street and number) 96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH	н
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10c.	d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	3906 Groveland Ave Apt E 21215 10g. CITIZEN OF WHA	5.A
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ABMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— Black, which is the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property	American Indian, Thite, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY Lane Apts	
ш	17. FATHER'S NAME (First, Middle, Last) Willie E. Durkins, Jr Phyllis Griffin	
TO B	198. INFORMANT'S NAME (Type Print) 198. MAILING ADDRESS (Street and Number of Rural Poute Number, City, or Town, State, Zip Code) 3906 Groveland Avette Balts, red	21215
	20e, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or cher place) 20c. LOCATION — City or Town, other place) 20c. LOCATION — City or Town, other place)	State
	22. NAME AND ADDRESS OF FACILITY Harch F. H. West 43.00 Walbash A	e
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ae cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.	Approximate interval Between
	immediate cause (Finel disease or condition resulting in death) a. Metatasis Cartinoma of lyng. Due to (or as a consequence of):	Onaet and Deeth
	DUE TO (OH AS A CONSEQUENCE OF):	+
	- tost. orssmith t	
ATION	Sequentially list conditions, If any, leeding to immediate our Enter INDERLYING	
FICATION	bue to (or as a consequence or):	
ERTIFICATION	If any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	
AL CERTIFICATION	Sequentions, lift any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d. PART ii. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 24a. WAS AN AUTOPSY 24b. WI	ERE AUTOPSY FINDINGS AILABLE PRIOR TO
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-	Septement of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

	1 - STATE REGISTRAR		STATE OF I		D / DEPAR CERTIF					MENTA	L HYGIEN REG. NO.	E		
}	1. DECEDENT'S NAME (First, MARY C. De									2. DATE MONT AUG	UST 4,	1990	YEAR	3. TIME OF OEATN 8 P. M
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yra	s. last birthday)	IF UNDE		IF UNDER		7. DATE	OF BIRTN			PLACE (State or Foreign
	217-22-247		1 M 2 TF	73	YRS.	MONTHS	DAYS	HOURS	MIN.			1916		LAND
_	9e. FACILITY NAME (If not in	stitution, give	street and number)			9b. CIT	Y, TOWN (R LOCATIO	R LOCATION OF DEATN				INTY OF D	EATN
2	BEL-FOREST	NURS	ING CENTE	LR		FORI	EST I	IILL				HARFORD		
DIRECTOR	10e. STATE	10b. COUN			10c. CIT	Y, TOWN	OR LOCAT	ION			100			10d. INSIDE CITY LIMITS?
- 1	MARYLAND	BALT	IMORE		PARI	VILI	LE							1 NES 2 2 NO
FUNERAL	8522 OAKLE	IGH R	OAD					21234					S.A.	VHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 STATE IF YES, GIVE WAR OR DATES				⊠ NO		If yes, sp	ENDENT O ecify Cuba 2 ANO	n, Mexica	n, Puarto	N? (Specify Yes Rican, etc.)	o or No— 14. RACE — American Indian, Black, White, etc. Specify: WHITE		
	15. DEC	EDENT'S ED	UCATION fe completed)	164	DECEDENT'S	USUAL C	OCCUPATIO	ON ast of workin	ng .	16	b. KIND OF BU	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0	-12)	College (1-4 or 5		life. Do NOT u	se retired.)						-		
MP	N/A 17, FATHER'S NAME (First, M.		N/A		SEAMSTI	KESS		40 1000	(FD10 414	WE (C)	Middle, Meiden			
	PHILLIP SI		I								RENA	Surnama)		
BE	19a. INFORMANT'S NAME (7)										nber, City or Tow			
٩	CHRISTINE	KIEF	(DAUGHTER	(3)	1607 1	HONE	YSUC	KLE I)RIV	E, F	OREST	HILL	, MAI	RYLAND 21050
	20e. METHOD OF OISPOSITI	n 3 🗆 Re	moval from State	oth	ACE OF DISPO Per place) RED HEA				natory or				RE . N	VARYLAND
	21. SIGNATURE OF FUNERA	L SERVICE	JCENSEE /		Λ	22	. NAME A	NO AOORE						
	> Euge	re !	Lan	lno	1	9	705	BELAI	IR R	OAD,	BALTI	MORE	, MAI	RYLAND 21236
	23. PART I. Enter the di ahock, or h		complications the			not ente	r the mo	de of dy	ing, euc	ch ae ce	rdiec or resp	iratory e	rreat,	Approximate Interval Between
	IMMEDIATE CAUSE (Fir disease or condition resulting in death)		a. DUE TO	tute (OR AS A CO	CESE ON SEQUENCE OF	bro	UAS	culo		tic	ident			Onset and Death Month
CERTIFICATION	Sequentielly list condit if any, leading to imme cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events resulting in death) LAS	diate ING Iry	c	Direct to	NSEQUENCE (
PHYSICIAN: MEDICAL	PART II. Other significe	nt condition	one contributing to	deeth but r	not resulting	In the u	inderlyln	g cause	given in	Part I.	24a. WAS AN PERFO 1 TYES	AMED?	246	N. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 1 NO
Ä	25. WAS CASE REFERRED T		1											
S	EXAMINER?	O MEDICAL	HOSPITAL:			ОТНЕ	R:	LACE OF D						
HYS	27. MANNER OF DEATH		1 Inpatient 2	F INJURY	26b. TII	WE OF	28c. IN	JURY AT	esidence	_	her (Specify) ESCRIBE HOW	INJURY O	CCURED	
		Pending Investigation		Day, Year)	16	JURY		YES 2	NO					
TED BY	2 Accident 3 Suicide 6 4 Homicide	Could not b	28e. PLACE	OF INJURY — .	At home, ferm,	street, fa	ctory, offic	De .		28f. LC	CATION (Street by or Town, State	end Numb)	er or Rural	Route Number,
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	31. DATE FILES (MP) OF	7"199	O Ficher	AVIOLON	Manda M							_		

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FOR STATE REGISTRAR	STATE OF MARYLAI	CERTIFIC	AIE OF	DEATH	REG. N	Ю.	1
1. DECEDENT'S NAME (First, Middle, Last LEONZA L	UNCAN				2. DATE OF DEATH	2 9	SA TIME OF DEATH
4. SOCIAL SECURITY NUMBER 240 - 12 -6304	1 12 M 2 □ F	YRS. MO	F UNDER 1 YEAR ONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1910/	BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not institution, give HUME WOOD) RESIDENCE OF DECEDENT				I MORE		9c. COUNTY	ACT.
10a. STATE 10b. COUN	TY	18c. CITY, T	OWN OR LOCATI	ON E			10d. INSIDE CITY LIMITS? 1 PYES 2 NO
100. STREET AND NUMBER 2544 LAUR	etta Ave		101.	2/2:	2,3	10g. CITIZE	of what country?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 1 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, spe		NIC ORIGIN? (Specify an, Puerto Ricen, etc.) fy:	Yea or No 14	RACE — American Indian, Black, White, etc. Specify:
15. DECEDENT'S EL (Specify only highest gre Elementary/Secondary (0-12)		lea. DECEDENT'S US (Give kind of worl life. Do NOT use n	k done during mos	N It of working	16b. KIND OF E	BUSINESS/INDUS	ТЯУ
17. FATTER'S NAME (First, Middle Lest)	UNCAN			18. MOTHER'S NA	AME (First, Middle, Meid	len Surname) NCAN	,
190. INFORMANT SNAME (Typostfint)	DUNCAN	2544	Laur	ette A	Poute Number, City or 1	To, m	d. 21223
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21. SIGNATURE OF FUNERAL SERVICE	L. Russ	rrison	22. NAME AN JOSE 222	Ph Li	Euss F	UNERI C.BAL	10, md 2121.
23. PANT I. Enter the diseases, D	Complications that caused to List only one cause on aac	the death. Do not the line.	22. NAME AN JOS C	Ph Li		e. BAL	10, md 2121.
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WAS PERF 1 YES 1 Other (Specify) 28d. DESCRIBE HO 28f. LOCATION (Stre City or Town, Str.	AN AUTOPSY ORMED? 2 NO W INJURY OCCUMENT AND AND AND AND AND AND AND AND AND AND	24b. WERE AUTOPSY FINDM AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 TNO

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DIVISION OF WITHE RECORDS, T.O. DOA 13149,	PITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within	IRE	OUNS	T. H Itam 28 is marked or Hem 23 shows any Inlury or other traumatic event the medical eva
3	7	1	2 5	6 14
	PH	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur	in 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal,	1

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			ENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Lest) WILLIAM	C. EGAN	1			2. DATE OF DEATH BOTH BUTT 3	AY YE	3. TIME OF DEATH 3:55 D M	
	4. SOCIAL SECURITY NUMBER 219-10-4299 98. FACILITY NAME (If not institution, give a	1 🔀 M 2 🗆 F 86	YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) UNE 3, 19	8. B	NRTHPLACE (State or Foreign country) ARYLAND	
CTOR	MERIDIAN LONG GRE	EN NURSING HO)ME	BALTIM	ORE CITY				
DIRECTOR	MARYLAND 100. STREET AND NUMBER	Υ	1 4 4 24	OWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
RAI	608 GLADSTONE AV	ENUE		2.00	21210		100	OF WHAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DEC	ENDENT OF HISPANIC		a or No- 14. I	Black, White, etc. Specify: WHITE	
TED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S USA (Give kind of work life. Do NOT use re	UAL OCCUPATION done during mos	N st of working	16b. KIND OF BU	SINESS/INDUST	RY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) 4 years	ATTORNE					VISTRATION	
00 =	JAMES J. EGAN				MARY J.	E (First, Middle, Maiden MORAN	Surname)		
TO BE	19a. SHFORMANT'S NAME (Type/Print) MR. JEROME EGAN				nd Number or Rural Ro				
F	20a, METHOD OF DISPOSITION	Lon			R ROAD BAT		-		
	1 X Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	noval from State	PLACE OF DISPOSITION OTHER PLACE) EW CATHED				BALTIMO		
	21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEE Barel Barel	k CATHEI	22. MITC	D ADDRESS OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACILITY OF FACIL	DEFELD HO	ME INC.		
7	23. PART I. Enter the diseases, Dr. shock, Dr heart feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	a. Pneum DUE TO (OR AS A	consequence of):	enter the mo				Approximate interval Between Onset and Daath	
CERTIFICATION	Sequentially liat conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due to (or as a consequence or):							
MEDICAL	PART II. Other significant condition are fro tras cu factus carolia	0 0.11	e hears		70		RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PL	ACE OF DEATH (Chec	k only one)			
HYSI	1 YES 2 NO	1 □ Inpatient 2 □ ER/Outpe		Mersing Hom	e 5 🗆 Residence 6	Other (Specify) 28d, DESCRIBE HOW	INJURY OCCURE	ED.	
BY PHYSICIAN:	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		PRK?				
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm, stre	et, factory, office		281, LOCATION (Street City or Town, State		tural Route Number,	
COMPLETED	one)	ER: On the basis of axamination						use(a) and manner as stated.	
TO BE C	29b. BIOHATURE AND THE OF CERTIFIE	c MO			29c. LICENSE NUMB	97	29d. DATE SIG	SNEO (Mghth, Day, Year)	
-	DR. ROBERT VISSI				TTMODE M	n 21210 c	SUTTE E	2	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA		or. bA.	LITHOKE M	D ZIZIØ S	OUTLE DO	J	

Pages 1, 2, 3 should

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, cremation, or removal.	event, the medical exa
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he State Dept. of Health and Mental Hygiene prior to burial, of	numatic (
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i Menta	y injury, or other to
h and	any
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Jept.	23
State L	Item
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	FOR 1 - STATE	STATE OF MARYLANI						0	21559
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERTIFICA	IE OF L	JEATH	REG. NO.		Las	
		TT 01/4 0	***			2. DATE OF DEATH DA		EAR 3. 1	ME OF DEATH
	JAMES 4. SOCIAL SECURITY NUMBER	.THOMAS 5. SEX 8. AGE (In vrs	-	EY IDER 1 YEAR	IF UNDER 24 HRS.	AUGUST 5	1990	DIRTURE A	CE (State or Foreign
	071-26-5255	1 m	YRS. MONTH		ACMITTED NAME OF	(Month Dav. Year)		Country)	
-		7				JULY 31 19	~	Mary	
DIRECTOR	9a. FACILITY NAME (If not institution, give a	munde)	96.0	OLEA	LOCATION OF DE	unnie	9c. COUNTY	AA	
E I	10a. STATE 10b. COUNTY	,	10c. CITY, TOW	N OR LOCATIO	N			10d	. INSIDE CITY
ä	Maryland Anne	Arundel	Hanov	/er				1 [YES 2 X NO
4	10e. STREET AND NUMBER			10f. Z	IP CODE		10g. CITIZEI	OF WHAT	COUNTRY?
FUNERAL	7393 South Dunro	bin Court		2	1076		USA	A	
Z	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S	ARMED T			IIC ORIGIN? (Specify Yes			American Indian,
ΒY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES 1955—	□ NO	If yes, speci		n, Puerto Rican, atc.)		Black, Wh Specify:	Black
8	15. DECEDENT'S EDU (Specify only highest grade	CATION 181	DECEDENT'S USUAL	L OCCUPATION	ed weedda e	16b. KIND OF BUS	BINESS/INDUS	TRY	
E .	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work do life. Do NOT use retire	one during most ed.)	or working	New Yor	k		
19	12th	None	Fireman			Board o	f Edu	catio	n
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Malden			
ШС	Wiley	Payton			Rosily	n	1	Elev	
00	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR	RESS (Street and		Route Number, City or Town			
5	Laura M. Eley		Same as	± #10					
	20s. METHOD OF DISPOSITION	20b. PL	ACE OF DISPOSITION		tery, crematory or	20c. LO	CATION — CIE	or Town.	State
	1 XBurial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from Stata off	er place) ar Hill C						Maryland
	21. SIGNATURE OF FUNERAL SERVICE				ADDRESS OF FAC		KIJII	alk	Haryrand
	1000	×				RAL HOME			
	Lippa		1	SECON	D AVE.	S.W., GLEN	BURN:	IE, M	D. 21061
	IMMEDIATE CAUSE (Final	complications that caused the Liet only one cause on each	line.		,		ratory stream	,	Approximata interval Between Onset and Death
	disease or condition resulting in death)	. Monte		100	mod	18/ +	NATAY	ctro	
		DUE TO (OR AS A CO	NSEDUENCE OF):	1	0.	10		i	
N	Sequentielly list conditions,	b. Anper	tens,	ve	(1)	1,0,			
ERTIFICATION	if sny, leading to immediate	DUE TO OR AS A CO	NSEDUENCE DF):						
2	CAUSE (Disease or Injury	C	NOSONENOS DE						
E	that initiated events resulting in daeth) LAST	DUE TO (OR AS A CO	NSEQUENCE DF):					ì	
		d							
CC	PART ii. Other significent condition	is contributing to death but i	not resulting in the	underlying	cause given in	Part I. 24a. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
MEDICAL	CVA.					PERFOR	MED?		ILABLE PRIOR TO WPLETION DF CAUSE
ED						1 TYES 2	100		DEATH?
						- '	'	1 [YES 2 NO
N N	26. WAS CASE REFERRED TO MEDICAL								
Ö	EXAMINER?	HOSPITAL:	ОТІ	HER:	CE OF DEATH (Ch	eck only one)			
PHYSICIAN:	1 YES 2 ND	1 Inpatient 2 DER/Outpatie				6 Other (Specify)			
표	27. MANNER OF DEATH 1 Natural 8 Pending	28a. DATE ØF INJURY (Month, Day, Year)	28b. TIME DF INJURY	28c. INJUI WOR	K?	28d. DESCRIBE HOW I	NJURY OCCU	RED	
BY	2 Accident Investigation				S 2 ND				
0	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — i building, etc. (Specify)	At home, farm, street,	factory, office		28f. LOCATION (Street City or Town, State)		Rural Route	Number,
ETE									
		ICIAN: To the best of my knowledg	re, death occurred at t	the time, data a	nd place, and due	to the cause(a) and mai	nner as stated		
COMP	one) 2 MEDICAL EXAMINE	R: On the basis of examination an	d/or investigation, in r	my opinion, des	nth occured at the	time, date and place, ar	d dua to the	euse(s) an	d menner as stated.
Ü	296, SIGNATURE AND TITLE DE CENTIFIE		~	, 1	29c. LICENSE NUR	WBER	29d. DATE S	IGNED (Mo	nth, Qay, Year)
00	Millimit	M. Coty	1 Jen	44	DOG	05cf	N 8	15	171)
2	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE OF DEATH	(ITEM 27) (Type Print)	/	200	7		/	

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31. SANG C. DOLL, M AUG 0 7 1990

21203-3140	physician.	I the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of		
DIVISION OF VITAL RECORDS, 7.0. BOX 15146, BALLIMORE, MANTLAN ZIZOS-5146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mounts after death. Page 6 may be retained by the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inserted mounts of the inser	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detailed in burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once

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	FOR 1 . STATE	STATE OF N						MENTAL I	IYGIEN	E			
	1 - REGISTRAR		C	ERTIF	ICATE	E OF	DEATH	-	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF MONTH	DEATH	w .	YEAR	3. TIME OF DEATH	
	WILLIAM I. F	OHR, SR						8	02		90	0735 A	М
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	est birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH			PLACE (State or Foreign	
	216 10 0839	1 7€ 7M 2 □ F	81	YRS.	MONTHS	DAY8	HOURS MIN.	Nov.	23.	1908	Countr	aryland	
	9a. FACILITY NAME (If not institution, give at				9b. CITY	TOWN C	R LOCATION OF					7	_
~			4 110007	TA1 5					0.04			eath cundel	
DIRECTOR	NORTH ARUDDEL HOS	PITAL 30	1 HUSPI	IALL	R G	LEN	RUKNIE	MD.21	161	AAC	U		_
<u> </u>	10s. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	OR LOCAT	ION					10d. INSIDE CITY	
E	Maryland A	nne Arun	de1				Pas	adena				LIMITS?	
	10a. STREET AND NUMBER	inic iii dii	uc.			101	ZIP CODE	aucita		10g. CITE	ZEN OF W	HAT COUNTRY?	
2	1566 Shell Rd.						21	122				States	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVED IN II C A	PMEO	12	WAS DEC	ENDENT OF HISP		Specify Vec			- American Indian,	
	1 Never Married 2 Married	FORCES? 1	YES 2	NO		If yes, sp	city Cuban, Maxi	can, Puarto Rice	in, etc.)	0. 110-	Black	, White, etc.	
B	3 XXWidowed 4 Divorced	IF YES, GIVE W	rld War	TT		1 YES	2 NO Spe	ony:			Speci	White	
G E	15. DECEDENT'S EDUC		16a. C	DECEDENT'S	USUAL O	CCUPATIO	IN .	16b. KI	ND OF BUS	SINESS/IND	USTRY	MILLE	
	(Specify only highest grade	completed)		(Give kind of lie. Do NOT u	work done se retired.)	during mo	st of working	1					
֡֟֝֟֟֟֝ ֡	Elamentary/Secondary (0-12)	Collega (1-4 or 5		elf F	mplo	ved	Carpent	er	C	onst	ruct	ion	
COMPL	17. FATHER'S NAME (First, Middle, Lest)				1	-		AME (First, Mide	dta Adalataa	Cumama)			
_	Moritz			Flohr			Lula		Belle			Sullivan	
H												our i i i i	
0	19a. INFORMANT'S NAME (Type/Print)	-	1				nd Number or Run						
	William L. Flohr	, Jr.				_	ring Ln				_		2
	20a, METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Rame	oval from State	20b. PLAC other	place)			netery, cremetory o	,		CATION —			
	4 Donation 5 Other (Specify)			Wood	lawn	Сеп	etery		Wo	odla	wn,	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIE	ENSEE N					ID ADDRESS OF						
	+ Stale X	21				McCu	lly Fun	eral H	ome c	f Pa	sade	na	_
	23. PART I. Enter the diseases, or o		unn				Mounta					D 2112: Approximate	2
	ahock, or heart failure.				not enter	ule mo	de or dying, s	JCII es CelGie	c or resp	ratory arr	wat,	Interval Between	
	IMMEDIATE CAUSE (Finei	11.		ai.	_	. /		0	0			Onset and De	eath
	disease or condition reaulting in death)	- FRUM	nad (-hm	20	00	naching .	dony	No	3-CRE	e	genis	,
		DUE TO	(OR AS A CONS	EOUENCE O	F):		0						
Z			yes 2	<i>ب</i> و	the	NY	- 2	core				yery	
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE_FO	OR AS A CONS	EOUENCE O	F):							1	
5	cause. Enter UNDERLYING CAUSE (Disease or Injury	L											
L	that initiated events	DUE TO	(OR AS A CONS	EOUENCE C	F):								
EH	resulting in death) LAST	d			_			_					
ö	PART II Other significant condition	e contributing to	double but no	t manufelme	in the co	n de duda	a course of the	in Boot I o	4- 1400 44	ALETTORON	1 044	WERE ALPRODUCE PAINS	100
¥	PART II. Other significant condition	a contributing to	death but no	t resulting	in the u	nderiyin	g cause given	in Part I. 2	PERFO		240	AVAILABLE PRIOR TO	
				-				— l 1	☐ YES :	MO		OF DEATH?	SE.
ă												A T MER A T NO	
MEDIC												1 YES 2 NO	
N: MEDICAL												1 TES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL						ACE OF DEATH	Check only one)				1 YES 2 NO	
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 10	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHE	R:	ACE OF DEATH		Specify)			1 TES 2 NO	
CIAN:	EXAMINER?	1 Dimpitient 2	FINJURY	26b. TII	4 🗆 Nu	R: raing Hon 28c. IN.	e 5 🗆 Realdend			INJURY OC	CURED	1 TES 2 NO	
PHYSICIAN:	EXAMINER? 1 VES 2 PRO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Dimpitient 2		26b. TII	4 🗆 Nu	R: raing Hon 28c. IN. W	e 5 🗆 Raaldeno	a 6 🗆 Other (INJURY OC	CURED	1 1E9 2 NO	
BY PHYSICIAN:	EXAMINER? 1 VES 2 PRO 27. MANNER OF DEATH 1 Martural 5 Pending Investigation	28a. DATE OF (Month, L	F INJURY Day, Year) OF INJURY — At	26b. TII	4 - Nu	R: raing Hon 28c. IN. WC	NE 5 Realdence PURY AT PRIC? YES 2 NO	28d. DESCI	RIBE HOW	and Numbe		Route Number,	
D BY PHYSICIAN:	EXAMINER? 1 VES 2 PRO 27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, L	F INJURY Day, Year)	26b. TII	4 - Nu	R: raing Hon 28c. IN. WC	NE 5 Realdence PURY AT PRIC? YES 2 NO	28d. DESCI	RIBE HOW	and Numbe			
D BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined	26a. DATE Of (Month, I	F INJURY Day, Year) OF INJURY — At, etc. (Specify)	26b. Till IN home, farm,	4 □ Nu ME OF JURY M street, fec	R: raing Hon 28c. IN. WC 1 ctory, office	TURY AT DRIC? YES 2 NO	28d. DESCR	ON (Street Town, State)	and Numbe	r or Rural		
D BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Majural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only)	28s. DATE OF (Month, to building)	FINJURY Dey, Year) OF INJURY — At, etc. (Specify) If my knowledge,	26b. TII IN home, farm,	4 □ Nu ME OF JURY M street, fac	R: raing Hon 28c. IN. WC 1 ctory, office	TURY AT PER 2 NO a and place, and c	28d. DESCR 28d. LOCAT City or	ION (Street Town, State	and Number	r or Rural	Route Number,	
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BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Majural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only)	28a. DATE OF (Month, & 28a. PLACE of building) CIAN: To the best of R: On the basis of (FINJURY Dey, Year) OF INJURY — At, etc. (Specify) If my knowledge,	26b. TII IN home, farm,	4 □ Nu ME OF JURY M street, fac	R: raing Hon 28c. IN. WC 1 ctory, office	TURY AT PER 2 NO a and place, and c	28d. DESCR 28d. DESCR 28f. LOCAT City or	ION (Street Town, State	and Number	r or Rural . ted.	Route Number,	d.

S.W

HIGHWAY

206

GIEN BURNIE.

MD.21061

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1600 CRAIN HIGH
REGISTRAR'S SIGNATURE
This Davidson-Randare

BABY GIRL AL SECURITY NUMBER N/A BLITY NAME (If not institution, given the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o	FERGUSON 5. SEX 1 M 2 F 10 M 2 F PKINS HOSPITA	(in yrs. last birthday) YRS.	BE UNDER 1 YEAR MONTHS 104 S 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DI TIMORE CI ATION MOYE City	TY	1990 9c. COUNTY	BIRTHPLACE (State or Foreign Country) Maryland
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REET AND NUMBER 3816 Greenmot ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES		-		/		10d. INSIDE CITY LIMITS? 1XXYES 2 \(\text{NO} \) NO
ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL STATUS ITAL	12. WAS DECEDENT EVER II FORCES? 1 YES			or. ZIP CODE	10g. CITIZEN OF WHAT COUNTRY?		
		2 X NO	If yes, s	CENDENT OF HISPA pecify Cuban, Mexico S 2 X NO Specif	NIC ORIGIN? (Specify Yearin, Puerto Rican, atc.)		RACE — American Indian, Black, White, etc. Specify: White
nentary/Secondary (0-12)		16a. DECEDENT'S (Give kind of ville). Do NOT us	vork done during ne retired.)	TION nost of working	16b, KIND OF BU	SINESS/INDUST	
John D. Fergu	ıson			Mar	ME (First, Middle, Melden ry Carfagno)	
Mary C. Ferge	201		Greenmo	unt Cemet		more,	Md. 21218
onetion 5 Other (Specify)	emoval from State	St. Ca	therine	s Cemeter		usvill Home, I	e, Penna. Inc.
ontally list conditions, leading to immediate Enter UNDERLYING E (Disease or Injury littleted events ing in death) LAST	b DUE TO (OR AS A	A CONSEQUENCE OF	F): F):				Onset and E
II. Other algnificant condit	tions contributing to death i	but not reaulting	In the undariy	ng causa given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
CASE REFERRED TO MEDICAL AMINER? YES 2 NO	HOSPITAL:	tpatient 3 DOA	OTHER:	PLACE OF DEATH (Co			
Neturel 5 Pending Investigation Suicide 6 Could not determined	be 28e. PLACE OF INJUR's building, etc. (Spe	Y — At home, farm,	A M 1	NJURY AT YÖRK? YES 2 NO	28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State)	end Number or	
2 MEDICAL EXAM	MINER: On the basic of examination			, death occured at the	s time, date end place, e	nd due to the c	
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3. TIME OF DEATH 10:30P

2. DATE OF OEATH MONTH August 2 DAY 1990 YEAR

C/O Maryland General Hospital

OHMH-16 Rev 1/89

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Frances J.Graves

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

07 1990

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BALTIMORE, MARYLAND 21203-3146

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HE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2. Juns after death. Page 6 may be retain	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shou	
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iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s. S. DUE TO DUE TO DUE TO	epsis (OR AS A CONSE eriphe (OR AS A CONSE	OUENCE OF	Vasc P:	ula	ar di	seas	se Rı	ile Out	Gang	Interval Battwee
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25. WAS CASE REFERRED TO MEDICAL				OTHER	:					-	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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BALTIMORE, MARYLAND 21203-34 surs after death. Page 6 may be retained by the hospital or attending TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely fill be filled within 72 hours after death with the State Dept. of Health and Mental Horizons nature to house the best of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1. DECEDENT'S NAME (First, Middle, Last)		CERTIFICA	TE OF DEATH	REG. NO.		
Nata	alie FAYI	Gordo	n	2. DATE OF DEATH MONTH DA	Y YEAR	3. TIME OF DEATH 2:32AM
4. SOCIAL SECURITY NUMBER 214-84-8124	5. SEX 6. AGE (II	3 vrs. lest birthday) IF I	INDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIH.	7. DATE OF BIRTYN (Month, Day, Year) 2/3/196	Coun	NPLACE (State or Foreign try) N • C •
90. FACILITY NAME (If not institution, give so 2149 Division St			city, town on Location of Baltimore Cit		9c. COUNTY OF 1	DEATN
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3007 VIRGINIA	AVE.	HI O ADMED	101. ZIP CODE 21215 13. WAS DECENDENT OF NISP	AANC ORIGINA (Secondary Vo	U.S	WNAT COUNTRY?
Never Merried 2 Merried Midowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, specify Cuben, Mexi 1 YES 2 NO Spe	cen, Puerto Ricen, etc.)	Bled	ck, White, etc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		life. Do NOT use ret	done during most of working	166, KIND OF BUS	R WORK	ED
12-TH 17. FATHER'S NAME (First, Middle, Last) NATHAN SAUNDE.	, , , , , , , , , , , , , , , , , , , ,	WANT A WITE	18. MOTNER'S	NAME (First, Middle, Maiden EPHINE GO!		
190. INFORMANT'S NAME (Type/Print) MR. CLIFTON G			RESS (Street and Number or Run IRGINIA AV)			21215.
20a. METNOD OF DISPOSITION Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	IWE	PLACE OF DISPOSITION	N (Name of cemetery, cremetory of		CATION — City of T	Own, State
21. SIGNATURE OF PUNEZAL SERVICE LI	CENSEE S	info	22. NAME AND ADDRESS OF RODNEY T.	SYKES FUL	VERAL S 21215.	ERVICE
23. PART I. Enter the dispersion or ahock, or near failure. IMMEDIATE CAUSI (Final disease or condition resulting in deeth)	Strangulati	line.	ltiple blunt			Approximate Interval Batwee Onset and Dear
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IMPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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	FOR
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à l	3√√Widowed 4 □ Divorced							31					White
COMPLETED	15. DECEDENT'S (Specify only highest)				16a. DECEDENT'S				10	Sb. KIND OF BU	SINESS/IN	DUSTRY	
4	Elementary/Secondery (0-12)		College (1-4 or 5	+)	Me. Do NOT a	use retired.)						
<u> </u>	Unknown				Cle	ani	no.			Ma	aint	enar)Ce
5	17. FATHER'S NAME (First, Middle, Last							18. MOTHER'S N	AME (First				
BE		Wi	illiam	_	Rad	lish		Lott	ie			Brad	llev
	19e. INFORMANT'S NAME (Type/Print)				19b. MAILIN	G ADDRES	SS (Street a	nd Number or Runa	Route Nu	mber, City or Tow			
2	Mrs.Sarah Bi	ggs	3		135	W.	Oste	nd St.	Ba 1	to.Md.	212	30	
	200. METHOO OF DISPOSITION			20b.	PLACE OF DISPO			netery, cremetory or		20c. LO	CATION -	- City or To	wn, State Balto
	1 Buriel 2- Cremetion 3 4 Donation 8 Other (Specify)	Remova	from State	_ м	other place) [etro C	rem	ator	y,Inc.		cator	SCV	i 11e	Md Co.
- 1	21. SIGNATURE OF FUNERAL SERVICE	E LICEN	9/1			22	NAME A	D ADDRESS OF F	ACILITY				
- 1	De ano		>01	10	al.	Ι,	\{ O	11 1		Balt			
_	23. PART I. Enter the disessas,				8								Fort Ave
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CONSEQUENCE (inc	na					Onset and Deeth
EHILL	CAUSE (Disease or Injury that initiated events reaulting in death) LAST	d	OUE TO	OR AS A	CONSEQUENCE	OF):							
2	PART II. Other significant cond	Itions o	ontributing to	daath b	ut not resulting	In tha u	ındariyin	g cause given i	n Part I.	24s. WAS AN	AUTOPSY	246	. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL										PERFOI			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ž													
5	25. WAS CASE REFERRED TO MEDICA EXAMINER?		IOSPITAL:			ОТНЕ		ACE OF DEATH (C	check only	one)			
2	1 YES 2 NO	1	Inpatient 2	☐ ER/Outp	atient 3 🗆 DOA			e 5 🗆 Reeldence	8 🗆 Ot	her (Specify)			
E	27. MANNER OF DEATH		28e. DATE O (Month,	F INJURY Day, Year)	28b. TI	ME OF		URY AT	28d. 0	EŞCRIBE HOW	INJURY O	CCURED	
ב	1 Nstural 5 Pending 2 Accident Investigat	lon				M	1 🗆	YES 2 NO					
3	3 Suicide 8 Could no 4 Homicide determine		28a. PLACE building	OF INJURY , etc. (Spec	— Al home, ferm,	, street, fa	etory, offic	•		CATION (Street ty or Town, State		er or Rural .	Route Number,
COMPLEI	(Children brill)		_					end place, end du					e) and manner ee stated.
	296. SIGNATURE AND TITLE OF CER	IFIER						29c. LICENSE N	UMBER		29d. DA	TE SIGNE	(Month, Day, Year)
BE	J.M. Ndukevu	. 1	no	Sens	ny Mod	Qual 1	Car Co				•	July	31.1990
2	30. NAME AND ADDRESS OF PERSO	WHO O	COMPLETED CAI				nov	erst	Ba	Himpo	re:	n	D
	31. DATE FILED (Month, Day, Vear)	0	32. RESISTE	AR'S SIGN	WURD AS				,		- /		
	AUG 0 7 199	Ua	KILLING	MO1 1	1.11								

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BALTIMORE, MARYLAND 21203-31

TO BE COMPLETED BY FUNERAL DIRECTOR

if. Pages 1, 2, 3 should

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			C	EKITH	AIE OI	F DEATH		REG. NO.				
1. DECEDENT'S NAME (First, A	Aiddle, Last)						2. DATE OF MONTH	F DEATH		YEAR	3. TIME OF DEATH	
ANNA	MA	RIE	GRY	SIKIEV	VICZ		AUGUS	-		990	4:00	P.M
4. SOCIAL SECURITY NUMBER	R	6. SEX 6	. AGE (In yrs. le		IF UNDER 1 YEAR		7. DATE OF	700		8. BIRTI	HPLACE (State or Forei	
124-22-9787		1 🗆 M 2 💢 F	58	YRS.	ONTHS DAYS	HOURS MIN.	Oct.		931		 York	
9a. FACILITY NAME (If not insti	itution, give at	reet and number)		1	b. CITY, TOWN	OR LOCATION OF D	EATH		v · · · · · · · · · · ·	NTY OF C		
1123 Colony	Ridge	Road			Odento	on			Anne	e Ar	undel	
	10b. COUNTY			10c. CITY,	TOWN OR LOC	CATION					10d. INSIDE CITY	
Maryland	Anne	Arundel		Ode	enton						LIMITS?	0
10e. STREET AND NUMBER		•			1	10f. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?	
1123 Colony	Road					21113			US	SA		
11. MARITAL STATUS	SALEVI	12. WAS DECEDENT I	EVER IN U.S. &	RMED		ECENDENT OF HISPA specify Cuban, Maxic			or No-	14. RAC Blac	E — American Indian, k, White, atc.	,
1 Never Married 2 X M 3 Widowed 4 Divorce		IF YES, GIVE WAR		,,,,		ES 2 X NO Speci		,,		Spec		
15. DECE	DENT'S EDUC	ATION	16a. C	ECEDENT'S U	SUAL OCCUPA	TION	16b. K	IND OF BU	SINESS/IN	DUSTRY	MILLE	
(Specify only in Elementary/Secondary (0-1		Completed) College (1-4 or 5+)	- 1	Give kind of wo le. Do NOT use	rk done during i retired.)	most of working						
12th		3 years	3	Nursi	ng			Hos	pita	ls		
17. FATHER'S NAME (First, Mid	dle, Last)					18. MOTHER'S NA	AME (First, Mic					
Vitantonio		(Cecere			Maria	Lucia	Sar	acen	a		
19a. INFORMANT'S NAME (Тур	oe/Print)		1	9b. MAILING A	DDRESS (Street	et and Number or Rural	Route Number	, City or Tow	n, State, Z	ip Code)		
Stanley J.	Grys	sikiewicz		Same	as #1	0						
20a. METHOD OF DISPOSITIO		oval from State	20b. PLAC	E OF DISPOSIT	ItON (Name of	cemetery, crematory or		20c. LO	CATION -	- City or T	own, State	
4 Donation 6 Dother (S	Specify)					al Cemete		Ft.	Myer	, Vi	rginia	
21. SIGNATURE OF FUNERIAL	SERVICE LIC	ENSEE /) .	_		AND ADDRESS OF FA		HOME				
Hana	ecl .	(DV)	reson	~					BUR	NIE.	MD. 2106	1
	ert failure.	omplications that c List only one cause									Approximat interval Bet Onset and	a ween
iMMEDIATE CAUSE (Fina disease or condition	•	NON-	HODG	KINIS	LYM	18 HOMA					4 yr	-
resulting in death)				EQUENCE OF)		7 - 41					1	
		b										
Sequentially list condition if any, leeding to immediate	lete	DUE TO (C	R AS A CONS	EOUENCE OF)	:							
ceuse. Enter UNDERLYIN CAUSE (Disease or Injury		c										
that initiated events resulting in death) LAST		DUE TO (C	IR AS A CONS	EOUENCE OF)	•							
		4									i	
DART is Other significan		y										
PART II. Othar algilitical	nt condition	a contributing to d	aeth but no	t resulting in	the underly	ring cause given in	Part I.	24a. WAS AN		24	b. WERE AUTOPSY FIN	
PART II. Othar argimical	condition	a contributing to d	seth but no	t resulting in	the underly	ring cause given in		PERFO	RMED?	24	AVAILABLE PRIOR TO COMPLETION OF CA	0
PAN II. Ottat agrinoan	nt condition	a contributing to d	aeth but no	t resulting in	the underly	ring cause given in			RMED?	24	AMILABLE PRIOR TO COMPLETION OF CA OF DEATH?	USE
PAN II. Other arginical	t condition	a contributing to d	aeth but no	t reaulting in	the underly	ring cause given in		PERFO	RMED?	24	AVAILABLE PRIOR TO COMPLETION OF CA	USE
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

attending physician.	use as the burial-transit permit. Pages 1, 2, 3 should	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 2 July after death. Page # may be missed by the application.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be national as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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	1 - STATE REGISTRAR	STATE OF M			TMENT (MENTAL HYG					
	1. DECEDENT'S NAME (First, Middle, Last)	FELA	BERNARD	GLA	ZER	ARI		2. DATE OF DEA	DAY	YE	40	ME OF DEAT	Ν
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last i		IF UNDER 1		IDER 24 HRS.	7. DATE OF BIRT	30	6. E		E (State or Fo	reign
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OR	So. FACILITY NAME (If not institution, give st	USP			96. CITY, TO	WH OR LOC	MU /		9c.	COUNTY	OF DEATN		
<u>E</u>	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY			10c. CIT	Y, TOWN OR	LOCATION					10d.	INSIDE CITY	
DIRECTOR	MARYLAND]	BALTIN	ORE					LIMITS?	
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BY FUN	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WI	EVER IN U.S. ARM YES 2 TO NO	ED)	If y		uban, Maxica	NIC ORIGIN? (Speci en, Puerto Ricen, et fy:			RACE — A Black, Whi Specify:	merican India ita, atc. WHITE	
田田	15. DECEDENT'S EDUC (Specify only highest grade		(GM	e kind of	USUAL OCC	JPATION	orkina	16b. KIND C	F BUSINES	S/INDUST	FRY		
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BE CO	17. FATNER'S NAME (First, Middle, Lest) MAX GLAZER					18. N	OTHER'S NA	CELIA			N		
TO B	198. INFORMANT'S NAME (Type/Print) MRS. DORIS BERLI	NER	19b.		ADDRESS (S			RD BA	TO.			38	
	20e. METHOD OF DISPOSITION 1	oval from State	20b. PLACE O other place	(0)	OV BE			20	BALT		or Town, S		
	21. SIGNATURE OF FUNERAL SERVICE US	luno.			22. NA	ME AND ADD	EVINS	SON & BRO	os.,	INC.			
	23. PART I. Enter the diseases, or chook, or hear failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one caus	caused the dease on each line.	ca	not antar th	a moda of	dying, suc	STOWN RD ch as cardiac or				Approximatintarval Be Onsat and	ata etween
ATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	b. DUE TO (OR AS A CONSEQU	UENCE O	F):								
CERTIFICATION	CAUSE (Disesse or injury that initiated events reaulting in death) LAST	c, DUE TO (OR AS A CONSEO	UENCE O	F):								
	PART II. Other significant condition	s contributing to	death but not re	sulting	in the und	arlying cau	se given in		AS AN AUTO			RE AUTOPSY F	
DIC	diabetes								ERFORMED	35	CON	APLETION OF O DEATH?	
PHYSICIAN: MEDICAL	<u>colustomy</u> CHF				·						1	YES 2	NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	28. PLACE C	OF DEATH (C	heck only one)					
IYSI	1 ☐ YES 2 NO 27, MANNER OF DEATN	1 Inpatient 2 🗆			4 🗆 Nurair			6 Other (Special	.,	OSP	ED		
	1 Netural 5 Pending	28a. DATE OF (Month, De		28b. TIA	JURY M	Bc. INJURY A WORK? 1 YES		26d. DESCRIBE	NOW INJUR	N OCCUR	IED		
red BY	2 Accident 3 Suicide 8 Could not be datermined	28e. PLACE Of building,	F INJURY — At hon atc. (Specify)	ne, farm,	street, factor	y, office		281. LOCATION (City or Town,		umber or f	Rural Route	Number,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of	THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S			- nicetim					ause(a) and	t manner as i	tated
	29b. SIGNATURE AND TITLE OF CERTIFIE	-		g=11	.,, opi		LICENSE NU					nth, Day, Year)	
TO BE	/ Manh	- len	7 M	0	0.1-11				•	7	/30	190	
	30. NAME AND ADDRESS OF PERSON WH	IO COMPLETED CAUS	DEATH (ITEM	21) (Type	s, PTINE)							r	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

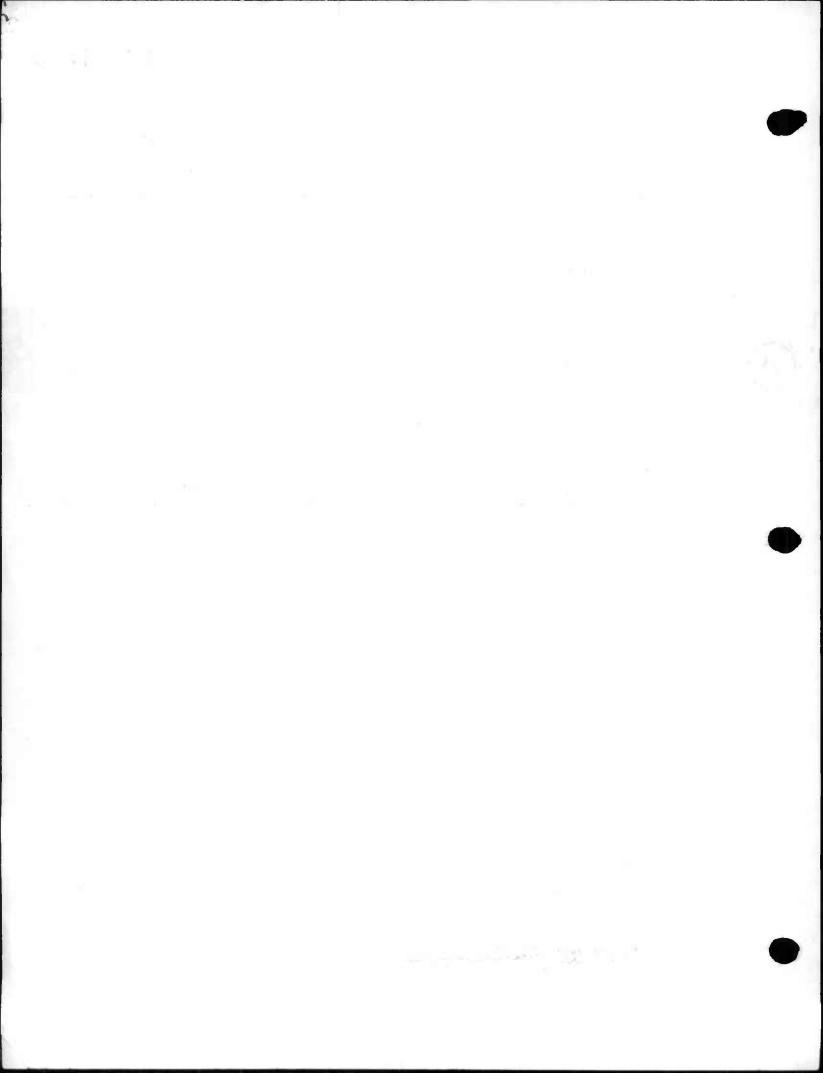
MARK PERSON

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

32. REGISTRAR'S SIGNATURE AUG 0 7 1990

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached any within 70 hours after death with the State Dent, of Health and Mental Horlene after to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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HENRY	Middle, Last)	GOL		1	ICATE OF		2. DAT	REG. NO	Y 0	YEAR	3. TIME OF DEATH	J
4. SOCIAL SECURITY HUMB	er 113	5. SEX 1 M 2 F	6. AGE (In yrs	s. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	PR. 24,	1912		PLACE (State or Forei CHIGAN	7/9
BALTIMORE (I not in: BALTIMORE (COUNTY		SPITAL	1		OR LOCATION OF D				ALTI		
¹⁰ MARYLAND	10b. COUNT	BALTO.		10c. CIT	y, town or loca BALTIM						10d. INSIDE CITY LIMITS? 1 VES 2	,
6910 MARSU	E DR.,	APT. 1C			10	1. ZIP CODE 21215	5			SA	HAT COUNTRY?	
11. MARITAL STATUS 1 Hever Married 2 X 3 Widowed 4 Divo	Married road	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	XYES 2	□но	If yes, sp	cendent of Hispa beelfy Cuben, Mexico 3 2 A HO Specia	m, Puerto		s or No-	14. RACE Black, Specify	- American Indien, White, atc.	
	EDENT'S EDU highest grade -12)				,		16	66. KIHD OF BU	SIHESS/IHD			
17. FATHER'S NAME (First, MI LOUIS GOL	iddle, Last) DSTICK	ζ				16. MOTHER'S HA		, Middle, Maiden SHALIN	Surname)			
MR. SYLVAN	GOLDS			9111	MEADOW	AND AND AND AND AND AND AND AND AND AND		RAI	NDALL	STOWN		.13
20a, METHOD OF DISPOSITI 1	(Specify)	1		HAAREI	ZION	metery, cremetory or				EDALI	rn, State E, MD	
► Aplace	yLN	tillus	,		SOI	ND ADDRESS OF FA	SON	& BROS	IN	C.		
23. PART I. Enter the	seasea, or	complications tha	t caused th	e death. Do	6010	REISTE	RSTO	WN RD.	BALT	O.,MI	Approximate	
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DHMH-16 Rev 1/89

* REGISTRAR		CERTIFIC	MIL OI		REG.				
1. DECEDENT'S NAME (First, Middle, Last)	in 1	lawsi aan			2. DATE OF DEAT	TH DAY 1	3. TIME OF DEATH		
Els		Garrison (In vrs. lest birthdev)			8-6-90		4:25PM		
4. SOCIAL SECURITY NUMBER 199-10-16-19	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI	100 0 3 A	BIRTHPLACE (State or Foreign Country)				
9e. FACILITY NAME (If not institution, give s	1 M 2 DF	3/	h CITY TOWN C	R LOCATION OF DE	at the	- A S COUNT	Y OF DEATH		
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RESIDENCE OF DECEDENT	T HOSPICAL		rai	ISCOII		Harford County			
10e STATE 10b. COUNTY	Y	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY		
RENNA PI	HILDA	PMI	LADE	TAILIC	7	1 1			
10e, STREET AND NUMBER	112019	17 176	Y Y	ZIP CODE	*	10g. CITIZEN OF WHAT			
269 S. Cecil	C+			19120	7		1.5.A.		
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3 ₩ Widowed 4 □ Divorced IF YES, GIVE WAR OR DATES 1 □ YES 2 ₩ Specify:							BURK		
15. DECEDENT'S EDU	ICATION	16a. DECEDENT'S U	SUAL OCCUPATION	DN .	16b. KIND O	F BUSINESS/INDU	STRY		
(Specify only highest grade		(Give kind of wo	rk done during mo	at of working					
Elementary/Secondary (0-12)	College (1-4 or 6+)	12 sta	16.6	DUED	Ros	ST ()	EFICE		
17. FATHER'S NAME (First, Middle, Last)		ICISIA	y Coc	16 MOTHER'S NA	ME (First, Middle, M	(eiden Sumeme)	- CIL		
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19a. INFORMANT'S NAME/(Type/Print)	07:0	T 405 44411 1110 4	DDD500 (01	JA112	1 1771	1091	rger		
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20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Rem 4 Donetion 6 Other (Specify)	noval from State	b. PLACE OF DISPOSIT gfher place)	TION (Name of cer	metery, cremetory or	20	Oc. LOCATION - CI	ty or Town, State		
		1ENWOO	d Them	. CArde	115 /	3Room	A11, 1a.		
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22 NAME A	B ADDRESS OF	DILITY S F	UNEr	Dudy 16		
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	11/0000				C & I & I & I &				
23 PAST/I. Enter the diseases, or	complications that cause	ed the death. Do no	t anter the mo	de of dylon suc	h as cardiac or	respiratory arre	at Annovimete		
23. PART/i. Enter the diseases, or shock, or heart failure.	complications that cause List only one cause on		t antar tha mo	da of dying, suc	h as cardiac or	respiratory arres	Interval Between		
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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2	5	be filed within 72 hours after death with the State Dept. of Health and Merital hygiene prior to burial, cremation, or ferrioval.	F

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	22 PET Enter the diseases or or	amplications that	sourced the de-	oth Do					VUE 1		_		222	
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, ahock, or heart failure. List only one cause on each fine. Approximate interval Between Onset and Death													
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	Hypoxia											2000	5 Death
	Wm 1-000-52	Severe E	nd Stag	DUENCE C	nroni	c Ob	stru	ctiv	e Pul	monar	v Di	sease		
N	Sequentially list conditions,										V		-	
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C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF D	EATH (Ch	eck only one)					
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	1 Natural 8 Pending	(Month, Day	(Year)	IN	JURY	WC	PRK?	NO	200. 0240	MIDE HOW I	NOONI OO	JONED		
ВУ	2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE OF	INJURY — A1 ho	me, farm,	atreet, fac		-	2	28f, LOCAT	TION (Street a	and Number	or Runal Ro	ute Number,	_
E	4 Homicide 6 Could not be	building, at	tc. (Specify)						City or	Town, State)				
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of m	nu knowledne de	ath coo.	rad at the	time date	and ala-	and do	to the second	o(a) and m		ad		
MP	(Check only	R: On the beals of axe											and menner as	stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER					,		ENSE NU						
BE	No longs M.	11/1/	um 1	nn	Or	41	zsc. LiC	LINGE NU	PER		DAT	6 10	Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO		-	M 27) (7vo	e Print)	' /	<u> </u>				4	13/1"		

9000 Franklin Square Drive Baltimore, Md. 21237

32 REGISTRAR'S SIGNATURE

Funa Davidson Rangelle

DHMH-16 Rev 1/89

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BALTIMORE, MARYLAND 21203-3146

מאר	death.	e funeral.	ехаш
0	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-20us after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funen be filed within 72 hours after death with the State Dept., of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical exami
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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	1. DECEDENT'S NAME (First, Middle, Last) ESThev	ESTHER M. HO				2. DATE OF DEATH MONTH DA	_	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. S	SEX 6. AGE (In yrs. let	st birthday) I	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	8. BIRTNPLACE (State or Foreign Country)		
	9a. FACILITY NAME (If not institution, give street a	M 2 VF 62	YRS.		R LOCATION OF DE	MARCH 8 1928 U.S. A			
2010	UNIVERSITY OF MD. SI	HOCK TRAUMA			more				
20	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCATI	ON		10d. INSIDE CITY LIMITS?		
	MD HARF(ORD .	BI	ELCAMP	ZIP CODE		1 ☐ YES 2 ☑ NO		
DISCUAL	4404 Sophic	101.	21017		S. A				
BY FUN	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 W IF YES, GIVE WAR OR DATES		If yes, spe	NDENT OF HISPAN city Cuben, Mexicer 2 NO Specify	ce — American Indian, ack, White, etc.			
E	15. DECEDENT'S EDUCATION (Specify only highest grade complete)	pleted) (C	ECEDENT'S US Give kind of wor b. Do NOT use i	SUAL OCCUPATIO k done during mos	N t of working	16b. KIND OF BUS	SINESS/INDUSTRY	,	
COMPLE		N/A		DUNTANT		ADV	ERTISIN	G	
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meiden RIE E. BEN			
O BE	HENRY LUTZ 190. INFORMANT'S NAME (Type/Print) EUGENE HOFFMAN (96. MAILING AI	DDRESS (Street of	nd Number or Rural R	BELCAMP,	n, State, Zip Code)	1017	
	20a. METHOD OF DISPOSITION 1 □ Burlal 2 💢 Cremetion 3 □ Removal	20b. PLACE	OF DISPOSIT	ION (Name of con	etery, crematory or INC.		CATION — CHY OF		
1 Burlai 2X Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) 21. SIGNATURE OF TUBERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY SCHIMUNEK FUNERAL HOME INC. 3331 Brehms Lane, Baltimore,							INC.	Md. 21213	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest. Approximate interval Between Onset and Death disease or condition resulting in death) Between Closed Head Injury Due to (or as a consequence or):								
Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in desth) LAST SIP MUTIPLE Fractures Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):							be attend Statement		
MEDICAL	Renal Fai	ontributing to death but not		the underlying		Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 WHO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	1	26. PL	ACE OF DEATH (Ch	eck only one)			
HYS	1 🗹 YES 2 🗌 NO 1 5	Inpetient 2 ER/Outpetient	3 DOA 4	OF 28c. INJ	URY AT	6 Other (Specify) 28d. DESCRIBE NOW I			
BY	5 Pending Investigation	6-11-90	8:30		RK? YES XXX NO			co/auto impact	
	Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At h building, atc. (Specify)		oot, factory, office oad			Blvd/F	Rt.7,Baltimore	
COMPLEIED	(Crieck Only	N: To the best of my knowledge, on the basis of examination end/or					nner as stated.	se(e) end menner ee stated.	
-	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d. DATE SIGN	NED (Month, Day, Year)	
IO BE	New Colly mD 30. NAME AND ADDRESS OF PERSON WHO CO	MOUSE OF DEATH (IT	EM 27) (Type. F	Print)	D380	193	81:	slab	
	Kerren elder m 31. DATE FILED (Morth, Day, Vost)		South	i Ho	inover s	ST BALT	mD.	21230	
	08/0 SAUGO 7 10		W.	44					

MARGARITA A.

31. DATE FILED (Month, Day, Year)
AUG 0 7 11

- 4			ATE OF		REG. NO 2. DATE OF DEATH		3. TIME OF DEATH		
FLORFNEE Ruth	Harper				MONEH-4-90 th	YEA	10:08AM		
8. SOCIAL SECURITY NUMBER 8. S	BEX 6. AGE (In yrs. I		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		PRTHPLACE (State or Foreign puntry)		
a. FACILITY NAME (If not institution, give street a	nd number)	9		R LOCATION OF DE	ATH	9c. COUNTY C			
Southern Maryland H	Hospital	ton		Prince	e Georges Co.				
DESIDENCE OF DECEDENT 10b. COUNTY		10c, CITY	TOWN OR LOCAT	ION					
PA		1	hile			1 YES 2 NO			
De. STREET AND NUMBER				ZIP CODE		10g. CITIZEN	EN OF WHAT COUNTRY?		
428 WIOTA	S.T.			1910	4	U	SA		
	WAS DECEDENT EVER IN U.S. / FORCES? 1 YES 2	ARMED	13. WAS DEC	ENDENT OF HISPAN	HC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No- 14. F	RACE — American Indian, Black, White, etc.		
	IF YES, GIVE WAR OR DATES	Jule .	1 TYES	2 NO Specif			Specify:		
			<u> </u>				BIACI		
15. DECEDENT'S EDUCATIO (Specify only highest grade comp	oleled)	DECEDENT'S US (Give kind of wor life. Do NOT use i	BUAL OCCUPATION rk done during moderations (on st of working	18b. KIND OF BU	SINESS/INDUSTF •	TY .		
Elementary/Secondary (0-12) Co	illege (1-4 or 5+)	/	011		H	3501	TA1		
7. FATNER'S NAME (First, Middle, Last)		1 1	/ •	18. MOTHER'S NA	ME (First, Middle, Maiden	Surname))		
CLEAVELAN	d Road	1FV		Phis	he).	HADD	15		
a. INFORMANT'S NAME (Type/Print)	4//	19b. MAJLING A	DDRESS (Strpet_s	nd Number or Rural	Route Number, City or Toy	n, State, Zip Code	9)		
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Ba. METHOD OF DISPOSITION Burlat 2 Cremetion 3 Removal	20b. PLAC	CE OF DISPOSIT	ION (Name of cer	netery, crematory or	20c. LC	CATION — City of	or Town, State		
□ Donation 5 □ Other (Specify)	Fek	NWO	od	CEM.	FER	N Wood	L PA		
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TIME 8:20 home, farm, str	28. P OTHER: Nursing Hor OF 28c. IN. AM 1	LACE OF DEATH (C) no 5 Residence JURY AT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PROT PRO	PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE O	INJURY OCCURE IN AU and Number or R and Hgw	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? WE'VES 2 NO TO / Auto impact to / auto impact tural Route Number, y./Ft. Washir ton, Prince Ge		

ARITA A. KORELL, MD 111 Penn Street, Baltimore, MD 21201

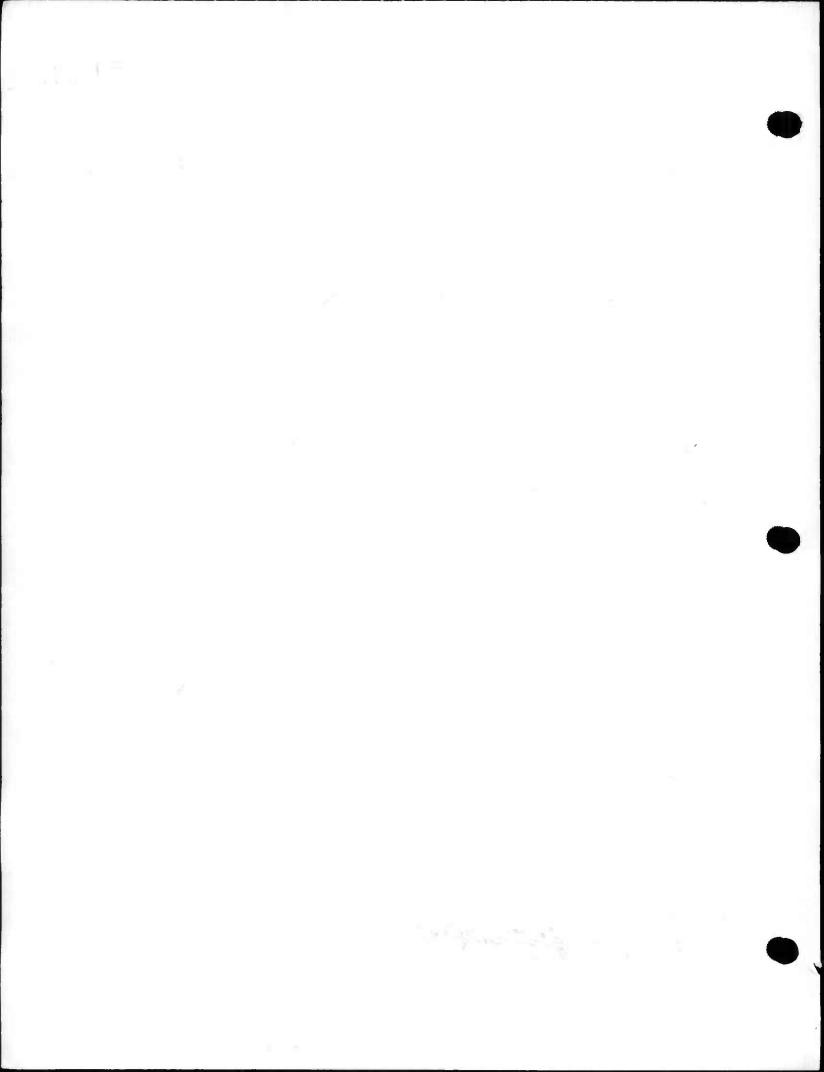
32. REGISTRAR'S SIGNATURE

VC

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	HIII	CATE	OF	DEATH	F	REG. NO.			
	1. DECEOENT'S NAME (First, Middle, Last)	INICY	ART	HUR	н. н	EN	DLEY)	2. DATE OF MONTH	DEATH DA	γ,	YEAR	3. TIME OF OEATH
	4, SOCIAL SECURITY NUMBER	DLEY 5. SEX 6. AC	GE (In yrs. les		IF UNDER 1 Y		IF UNDER 24 HRS.	7. DATE OF	BIRTH		90 8. BIRTH	IPLACE (State or Foreign
	217-07-7619	1 M 2 - F 8	6			AYS	HOURS MIN.		701/0		Countr	MD.
NO B	90. FACILITY NAME (If not institution, give street end number) ST. JOSEPH HOSPITAL				700		R LOCATION OF DE	ATH			ALT	
ן ק	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY			10c, CITY	TOWN OR I	OCATI	ON					10d. INSIDE CITY
FUNERAL DIRECTOR	MD.					LTIMORE, CITY						LIMITS?
¥	10e. STREET AND NUMBER			101. ZIP CODE				10g. CITIZEN OF				
Ä	/II EAST LAK	711 EAST LAKE AVE				21212 AS DECENDENT OF HISPANIC ORIGIN? (Specific					S.A.	
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS OCCEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA			2 NO If yes,			cify Cuban, Mexicas 2 NO Specify	n, Puerto Rica	in, atc.)	tee or No— 14. RACE — American Indian, Black, White, atc. Specity: WHITE		
	15. OECEDENT'S EDUC (Specify only highest grade of		16a, OE	CEDENT'S I	USUAL OCCU ork done duri	JPATIO	N t of working	16b. KI	ND OF BUS	INESS/IN	DUSTRY	
COMPLETED	Elementery/Secondary (0-12)	College (1-4 or 6 +)			NCE			RE	AL E	STA	TE	
NO.	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (F						Surneme)	•	
BE (JOHN WILLIAM H	ENDLEY					ANNIE					
2	190. INFORMANT'S NAME (Type/Print) ARTHUR J. HEND	LEY	19	711	EAST	treet ar	AKE AVE	E. BA	LTIM	n, State, Zi	, MD.	21212
	20s. METHOD OF OISPOSITION Burlal 2 Cremation 3 Remo	ACE OF DISPOSITION (Name of cemetery, cremetory or price) PARKWOOD CEMETERY BALTIMO							, MD. 21234			
	21. SIGNATURE OF FUNERAL SERVICE LIC						D ADDRESS OF FA	4				DAD 21212
	► R.S. K	rett			н.	W.	JENKINS	S AND	SON	IS.	BALT	ro.MD.
	23. PART i. Enter tha diseeses, or c ahock, or heart fellure. I IMMEDIATE CAUSE (Final	List only one cause o	n eech iine	j.				h aa cardia	or reapi	ratory a	rreat,	Approximata interval Batween Onset and Death
	disease or condition reaulting in death)	CGMSIO	PULMONARY ARKEST AS A CONSEQUENCE OF:								15 min.	
z		eeteb	ral va	scular	acci	ler	4.					15 min. 7 days
OLT I	Sequentially list conditions, if any, leading to immediate	OUE TO (OR	AS A CONSE	OVENCE OF):							
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (OR /	AS A CONSE	OVENCE OF	7):							1
THE	resulting in deeth) LAST	1										
	PART ii. Other eignificent condition	a contributing to deat	th but not	resulting i	n the unde	riying	cause given in	Part i. 2	le. WAS AN		241	. WERE AUTOPSY FINDINGS
EDICAL								_ 1	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ								_				1 - YES 2 - NO
AN	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF OEATH (Ch	eck only one)				
SICI	EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpatient 3	DOA	OTHER:					,		
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 6 Pending	28a. DATE OF INJU (Month, Day, Ye		28b. TIMI	E OF 21	Be. INJI WO		28d, OEŞCF	RIBE HOW I	NJURY O	CCUREO	
0	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJ building, atc. (ome, farm, s	street, factor	, office			ON (Street of Town, State)	ON (Street end Number or Rural Route Number, own, State)		
COMPLET	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my l	mowledge, de	eath occurre	ed at the time	, date	end place, end due	10 the cause	(e) end mai	nner as st	eted.	
OM	one) 2 MEDICAL EXAMINE	R: On the basis of examin	nation and/or	Investigatio	n, in my opi	nion, d	eath occured at the	time, date ar	nd place, ar	nd due to	the cause(a) and menner ae stated.
BEC	SIGNATURE AND TITLE OF CERTIFIEF						29c. LICENSE NUI			29d. DA	TE BIGNE	D (Month, Day, Year)
5	MANE AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	F DEATH (ITE	M 27) /7/ne	Print)		1340	707			8-	4-90
	JAMES CORKUM	1 M.D. St	bsep	h'sat		1,	Towson	mb	2120	04		
	S1. DATE FILED (Month, Day, Yellr) ALIG 0 7 1990	32 PEGISTHAR'S	Notice.	2	1			•				

OHMH-16 Rev 1/89



mit. Pages 1, 2, 3 should

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYG		•						
	1. DECEDENT'S NAME (First, Middle, Logt)	MILDRED SO	PHIA HAFER		2. DATE OF DEAT	DAY YE	3. TIME OF DEATH						
	4. SOCIAL SECURITY NUMBER 214 → 14 → 3885 90. FACILITY NAME (If not institution, give st	~1 □ M 2 🗷 808 7	O YRS. MON	INDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF D	7. DATE OF BIRTI	1920 s.	BIRTHPLACE (State or Foreign Country) NORTH CAROLINA						
TOR	FRANCIS SCOTT KEY			BALT, I MORE C		SC. COUNTY	OF DEATH						
DIRECTOR	MARY LAND BAL	TIMORE	10c. CITY, TO	WN OR LOCATION DUNDALK			10d. INSIDE CITY LIMITS? 1 YES XX NO						
FUNERAL	100. STREET AND NUMBER 7826 W. COLLINGHA	M DRIVE A	PT D	101. ZIP CODE 212	22	10g. CITIZEN	U.S.A.						
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED 2 XNO	13. WAS DECENDENT OF HISPA If yes, specify Cubin, Mexic 1 YES Specify Specify	en, Puerto Rican, at	RACE — American Indian, Black, White, etc. Specie WHITE							
COMPLETED	15, DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 9TH GRADE	College (1-4 or 5+)	16e. DECEDENT'S USU (Give kind of work of life. Do NOT use reb CASHIER	done during most of working		F BUSINESS/INDUS							
	17. FATHER'S NAME (First, Middle, Last) BURLEY HOYLE			F15 300 110 110 110 110 110 110 110 110 110	AME (First, Middle, M	,							
TO BE	198. INFORMANT'S NAME (Type/Print) JAMES H. HAFER		11-1-1-1-1	RESS (Street and Number or Rural COLLINGHAM DR	IVE APT	D BALTIM	ORE, MD 21222						
19	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremellon 3 Remo 4 Donation 5 Other (Specify)	oval from State ME	ADOWRIDGE		1990 D		ARYLAND						
	MEADOWRIDGE MEMORIAL 8-2-1990 DORSEY, MARYLAND 22. NAME AND ADDRESS OF FACILITY DUDA-RUCK FUNERAL HOME OF DUNDALK, INC. 7922 WISE AVENUE DUNDALK. MD 21222												
	7922 WISE AVENUE DUNDALK, MD 27 43PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. The way and the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of t												
CERTIFICATION	resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
CERT	that initiated events resulting in death) LAST d.												
PHYSICIAN: MEDICAL	PART II. Other algorificant condition	a contributing to death b	ut not resulting in th	a undarlying cause given i	PE	AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO						
AN: N	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	Shoot ask sool		2						
SICI	EXAMINER?	HOSPITAL:		THER: Nursing Home 5 Residence		у)							
ву РН	27. MANNER OF DEATH 1 Pleturel 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE I	HOW INJURY OCCUP	RED						
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— Al home, farm, stree	t, factory, office	28f. LOCATION (S City or Town,	N (Street end Number or Rural Route Number, wn, State)							
COMPLETED	ann)			the time, data and place, and do my opinion, death occured at the			euse(e) and manner se stated.						
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	ton, not	Mostr	M D38	849	29d. DATE S	1GNED (Morith, Day, Year)						
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Spe. Hone) Neil C. T. Ster France Scott Key Med Center												
	\$1. DATE FILED (Month, Day, Year) AUG 0 7	1990 Juka Davi	don-Randall										

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出る	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mus
10 M	M.
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, he study within 20 hours after death with the State Dent of Health and Mental Hyrilene prior to burial, cremation, or removal.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - FOR STATE REGISTRAR	STATE OF MARYL			F HEALTH AND) MEI	HYGIENI REG. NO.	E				
1. DECEDENT'S NAME (First, Middle, Last)	** 1.7	1			DATE OF DEATH	y 90	3, TIME OF DEATH			
James 4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	Holl	Land IF UNDER 1 YE	EAR IF UNDER 24 HR	$\overline{}$	DATE OF BIRTH		RTHPLACE (State or Foreign			
212-09-9374	V.V.			NYS HOURS MIN		/3/11	Co	untry)			
9e. FACILITY NAME (If not institution, give			b. CITY, TO	WN OR LOCATION OF	DEATH	/ 3/ 11	9c. COUNTY O	aryland F DEATH			
Forest Haven N	Nursing Home	2					Bal	timore			
10a. STATE 10b. COUN	ıltimore	10c. CITY,	TOWN OR L	OCATION				10d. INSIDE CITY LIMITS? 1 YES 2XXNO			
10e. STREET AND NUMBER				101, ZIP CODE			10g. CITIZEN C	1 ☐ YES 2½ XNO ZEN OF WHAT COUNTRY?			
801 Edmondsor	Avenue			212	28		U:	USA			
11. MARITAL STATUS 1 Never Married 2 Merried XX Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 1 YES IF YES, GIVE WAR OR D	X X NO	If ye	DECENDENT OF HIS s, specify Cuben, Me YES 2/1/NO Sp	rican, Pu		S	RACE — American Indien, Black, White, atc. Specify: White			
15. DECEDENT'S ED		16a, DECEDENT'S US	SUAL OCCU	PATION		16b. KIND OF BUS					
(Specify only highest gra Elementary/Secondery (0-12)	de completed) College (1-4 or 5+)	(Give kind of wor life. Do NOT use i	rk done durin retired.)	ng most of working							
unkno	wn	stock	per	son		Stewar	t's				
17. FATHER'S NAME (First, Middle, Last)						First, Middle, Meiden	Surneme)				
Dorsey Holla	ınd					hipley					
19a. INFORMANT'S NAME (Type/Print)				reet and Number or Ru							
Alice Gray						7		City, MD 21			
20e. METHOD OF DISPOSITION XIXBuriel 2 Cremation 3 Re	moval from State	other place) Loudon			or		Town, State				
4 ☐ Donetion 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Loadon		AE AND ADDRESS OF	FACILIT		CIMOL	more, MD			
- Koland 1	May	SVA)	St	erling	Ash	Ashton Funeral Home,					
23. PART i. Enter the diseases, o	r complications that cause b. List only one cause on e							MD 21228 Approximate interval Between			
IMMEDIATE CAUSE (Finel disesse or condition resulting in death)	· Lung	CONSEQUENCE OF:					Onset and Daath				
Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	A CONSEQUENCE OF):									
PART II. Other significant conditi	ons contributing to death t	out not resulting in	the unde	riving cause giver	in Pari	LI. 24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS			
						PERFOR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL			-	26. PLACE OF DEATH	(Check o	only one)					
EXAMINER? 1 Tes 2 Lind	HOSPITAL: 1 Inpatient 2 ER/Out		OTHER:	Home 5 - Resider	ce S	Other (Specify)					
27. MANNER OF DEATH 1 Watural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	OF 28	c. INJURY AT WORK?	284	d. DESCRIBE HOW I	NJURY OCCURE	0			
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR		eet, factory,	office	281	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
CONSTRUCTION ONLY	/SICIAN: To the best of my know							rse(s) end manner es stated.			
29b. SIGNATURE AND TITLE OF CERTIF	206/1			29c. HCENSE	NUMBER	72	29d. DATE SIG	NED (Month, Day, Year)			
30. NAME AND ADDRESS OF PERSON OF HAROLD B.BOB, M.				, BALTIMO	RE,	MD 2	L208				
31. DATA (1148) (16311) Pay, 1990	32 Dayson A	mess									

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9	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	De fi	and or it is the 28 is marked or item 23 shows any injury or other traumatic event, the medical examiner must be notified at once.

BE

2

31. DATE FILED (MO)

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH 3. TIME OF DEATH 1. DECEDENTES NAME (First, Middle, Last) ohnson 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. B. BIRTHPI ACE (State or Foreign 1 M 2 🗆 F DAYS HOURS 8 Ma YRS. 90. FACILITY NAME (If not institution 95 CITY TOWN OR LOCATION OF DEATH 90 COUNTY OF DEATH 10 DIRECTOR RESIDENCE OF DE EDENT IOC. CITY, TOWN 10a. STATE 10b. COUNTY OF LOCATION 10d. INSIDE CITY LIMITS? 1 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? US14 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Merried 2 Merried 1 TES 2 ONO Specify: BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe during most of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) TIRE 3rd 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Ma ohnson BE INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS 2 20b. PLACE OF DISPOSITION (Name of ce Buriel 2 Cremetion 3 Over Other (Specify) 21. SIGNATUR UNERAL SERVICE LICENSEE 23. PART i. Enter the diseases. complications that caused the death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, Approximate shock, or haart feilure. List only one cause on each line. Interval Between Onset and Desth **IMMEDIATE CAUSE (Fine)** disease or condition_ Ulmon resulting in daath) DUE TO (OR AS A CONSEQUENCE OF): MMOR CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: 2 ER/Outpatient 3 DOA OTHER: 5 Reeldence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation M 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 8 🗌 Could not be 9 4 📋 Homicide datermined COMPLET 29e, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the tima, date and place, end due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner se stated. 29b, SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month,/Day, Year)

Lysicrita

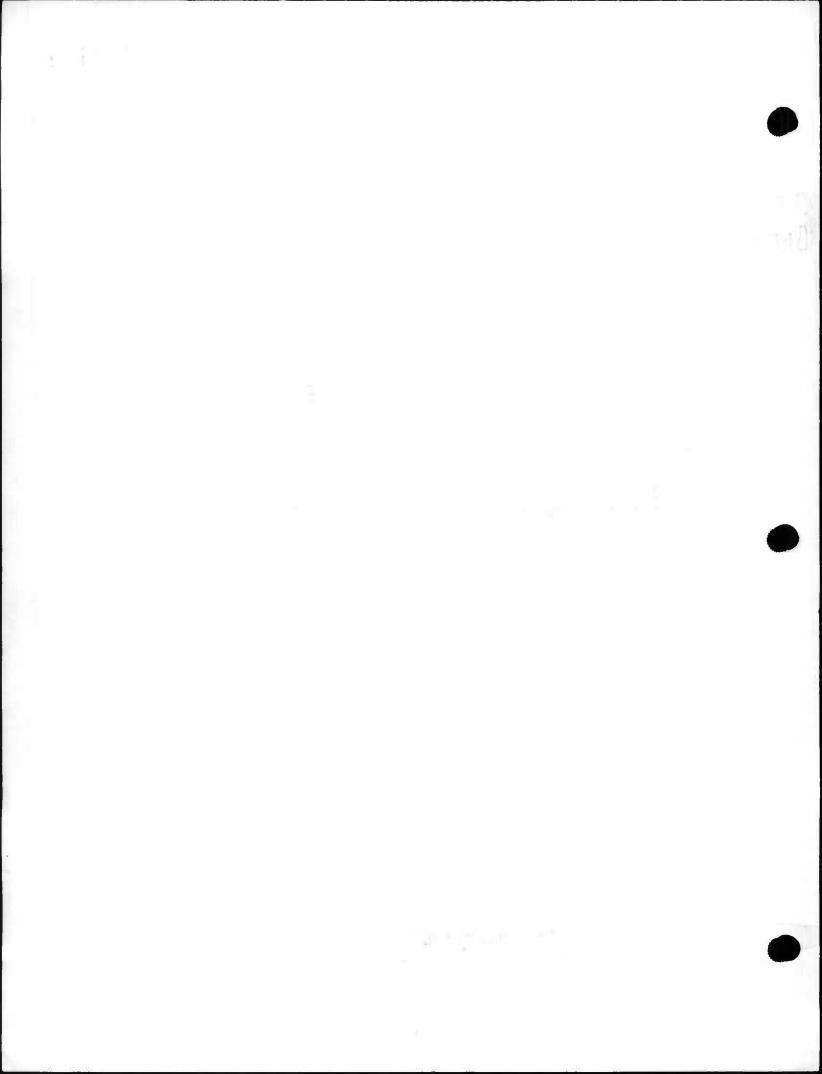
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

12. Daydon-

EFFRON

7 1990

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TO BE COMBIETED BY ELINE	OF COMPLETED BY BUYEICIAM: MEDICAL CERTICICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
val.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached for use as the burial-trans	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans
or death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 cours after death. Page 6 may be retained by the hospital or attending physician.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLANI) / DEPARTM CERTIFICA			D MENTA	REG. NO.	E						
	1. DECEDENT'S NAME (First, Middle, Last) MORRIS A	IEN JOHN	ISON			2. DAT	E OF DEATH	y 2	YEAR	OF DEATH				
	4. SOCIAL SECURITY NUMBER 230-12-5491	5. SEX 8. AGE (In yrs		THS DAYS	IF UNDER 24 H	N. (Mor	E OF BIRTH oth, Day, Year)	7 "	BIRTHPLACE (S Country)	tate or Foreign				
Œ	90. FACILITY NAME (If not institution, give s	Mical Cent	9b.	CITY, TOWN	DR LOCATION C		Z	9c. COUNT	Y OF OEATH					
CTO	RESIDENCE OF DECEDENT			May.	10				I Discount	IDE CITY				
DIRECTOR	10e. STATE 10b. COUNT	10c. CITY, TOWN OR LOCATION 10g. CITIZEN OF WH.												
BAL	100. STREET AND NUMBER	Grove	N OF WHAT COL	INTRY?										
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2	4. RACE — Amer Bleck, White, i	ican Indian,										
	Never Merried 2 Di Merried IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: S													
COMPLETED	15. DECEDENT'S EOUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY													
COMI	Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meidee Surname)													
TO BE	19n. INFORMANT'S NAME (Type/Print)	7567	19b, MAILING ADI	PRESS (Street	and Number or F	Rural Route Ny		n, State, Zip C		. /				
F	MONY E. J		740 M	Name of ce	TO VO U	e B	200, LO	CATION CH	ty or Town, State	16				
	1) Burlel 2 Cremetion 3 Rem 4 Donation Other (Specify) 21, SIGNATU-E OF UNERAL SERVICE LI		er piece) KIŁ	22. NAME A	EM FO	TAKE TO THE PACIFIED	Ka	rdal	15tocan,	no				
	Mortin 4	(narl		Mar	EL300	· Hol	bash	Ave						
				enter the me	da of dying,	such as ca	rdisc or respi	ratory arres	let					
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory erreat, shock, or heart failure. List only one cause on such line. IMMEDIATE CAUSE (Final disease or condition resulting in death) BLATERAL PNEUMONIA													
z		DUE TO (OR AS A CONSEQUENCE OF): SEPSIS												
CATIO	Sequentially list conditions, if sny, lesding to immediata cause. Entar UNDERLYING	RESPIRATORY FAILURE												
CERTIFICATION	that initiated events resulting in death) LAST	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):												
	PART II. Other significant condition	ns contributing to death but r	ot resulting in t	na undarlylr	g cause give	n in Part i.	24a. WAS AN	AUTOPSY	24b, WERE AI	JTOPSY FINDINGS				
ICAL				•			PERFOR		1.11.11.11.11.11	LE PRIOR TO TION OF CAUSE				
: MEDI										S 2 140				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF OEAT	H (Check only	one)							
YSIC	1 TES 2 TNO	HOSPITAL: 1 Impetient 2 I ER/Outpetien	nt 3 🗆 DOA 4 (ne 5 🗆 Reside	-								
ву Рн	27. MANNER OF DEATH 1 Return 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	W	JURY AT DRK? YES 2 N		EŞCRIBE HOW I	NJURY OCCL	JREO					
<u>a</u>	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY i building, etc. (Specify)	At home, ferm, street	t, factory, offi	00	281. L.C	CATION (Street ty or Town, State)	end Number o	r Rural Route Nun	nber,				
COMPLET	one)	SICIAN: To the best of my knowledg								nner as stated.				
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	ER A			29c. LICENS	E NUMBER		29d. DATE	SIGNED (Month,	Day, Year)				
TO B	I brance L. of	ant n.O			D3	37203	•	8	3-90					
	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF GEATH	(ITEM 27) (Type, Pri		redict	e Cer	ter,	Bil	timore,	Md				
	AUG 7 1990	32. REGISTRAR'S SIGNATU)										
			12.5							DHMH-18 Rev 1/89				

BALTIMORE, MARYLAND 21203-3146

TO BE COI

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

		CERTIFIC	AIL OF	DEATH		REG. NO.					
1. DECEDENT'S NAME (First, Middle, Last)	Pary Low	King MARY	LOU KI	NG	2. DATE O	F OEATH	90 YE	AR 3. TH	444		
4. SOCIAL SECURITY NUMBER 212-20-4682	5. SEX 6. AGE		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HR HOURS MIT	(Month,	F BIRTH Day, Year) -09-21		Country)	ENNA .		
98. FACILITY NAME (If not institution, give a Deaton Hospital RESIDENCE OF DECEDENT	troot and number)		Ball	Amer	DEATH		9c. COLINTY	OF REATH			
10a. STATE 10b. COUNTY	Y		TOWN OR LOCAT BALTIMO						10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
100. STREET AND NUMBER 3601 BELAIR R	D.	101	ZIP CODE	213	10g. CITIZES			COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR O	It yes, sp		PANIC ORIGIN? xican, Puerto Ri ecily:			RACE — Ar Black, Whit Specify:	merican indian, e, etc.			
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	lite. Do NOT use i	k done during mo retired.)		16b.	CIND OF BUSIN		RY			
N/A 17. FATHER'S NAME (First, Middle, Lest)	N/A	CLERI	K	714 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		ddle, Meiden Su	STORE				
JOSEPH KING HELEN FRANK 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Bural Floure Number City or Town State. Zin Code)											
THOMAS A. KING (BROTHER) 122 W. LANVALE ST., BALTIMORE, MD. 21217 20a. METHOD OF DISPOSITION 1 Name of cometery, cremetory or other place) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or other place)											
MOST HOLD REDEEMER 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SCHIMUNEK FUNERAL HOME INC. 3331 Brehms Lane, Baltimore, Md. 21213											
23. PART I. Enter the diseases, of complications that caused the death/DD not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Due to (or as a consequence of): 3331 Brehms Lane, Baltimore, Md. 21213 Approximate Interval Between Onset and Death Due to (or as a consequence of):											
DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):											
Sequentially list conditions, If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST											
resulting in death) LAST	ns contributing to death i	out not resulting in	the dilatiying			4 T MED OF	JNU	OF D			
resulting in death) LAST	e contributing to death t	or not resulting in	and discontinuo			1 YES 2		1 🗆	EATH? YES 2 NO		
resulting in death) LAST	HOSPITAL:		26. PI DTHER:	ACE OF OEATH	(Check only one)		1 []	EATH?		
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PI OTHER: University Nursing Hom OF 28c. INJ YV WC	ACE OF OEATH	(Check only one)	JURY OCCUR		EATH?		

32. REGISTRAR'S SIGNATURE
Julia Saurdson-Randalle

29c. LICENSE NUMBER
D19858

Nd. 21230

OHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		OMIL OF I	,,,,,,,,	CER	TIFIC	ATE	OF E	EAT	Ή		REG. NO					
1. DECEDENT'S NAME (First, Mic	idle, Lest)										OF DEATH	AY	YEAR	3. TIME OF DEATH		
	N	laomi K	lein							MONTH 7	31		990	м		
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE	In yrs. last birti	hday)IF	UNDER 1 Y	YEAR	F UNDER	24 HRS.		OF BIRTH	_	8. BIRTI	HPLACE (State or Foreign		
217 09 710	4	1 M 2 💢 F		84 Y	RS. MO	NTHS D	DAYS H	IOURS	MIN.	-	-12-19	206	Count	ryland		
9a. FACILITY NAME (If not institu		reet and number)			91	CITY, TO	OWN OR	LOCATIO	N OF DE		1~1		JNTY OF E			
North Aru		Convale	scent Glen Burnie								Anne Arundel					
10e. STATE 10	b. COUNTY			10		OWN OR								10d. INSIDE CITY LIMITS?		
Maryland	Anne	Arunde	1		G1€	en Bu	_							1 YES 2 NO		
10e. STREET AND NUMBER							101. Z	IP CODE	2.1			10g. Ci		WHAT COUNTRY?		
313 Hospi	tal I			EVED IN 11 C ADMED 12 WILL DE				21061					U.S.A.			
11. MARITAL STATUS 1 Never Married 2 Mai 3 Widowed 4 Divorced			YES	YES 2 NO If yes, specify					CENDENT OF HISPANIC ORIGIN? (Specify Yes of secify Cuben, Mexican, Puerto Rican, etc.) a 2 NO Specify:					E — American Indian, ck, White, atc. city: White		
15. DECEDE	NT'S EDUC	ATION		16a. DECED	ENT'S US	UAL OCC	UPATION			16b	KIND OF BU	SINESS/IN	IDUSTRY			
(Specify only hig Elementary/Secondary (0-12)		College (1-4 or 5	+)	life. Do	NOT use n	done dur etired.)	nng most	or workin	g							
5th Grade				Но	usev	rife					Home	Mak	cer			
17. FATHER'S NAME (First, Middle	e, Lest)						1	IS. MOTH	ER'S NA	ME (First, I	Aiddle, Maider	Sumame)				
Char	les	Shew							Mam	ie l	Mooney	r				
19e. INFORMANT'S NAME (Type	Print)			19b. M/	AILING AD	DRESS (S	Street and	Number	or Rural I	Route Numi	per, City or Tox	vn, State, 2	(ip Code)	12:		
Bernard L.	Dehr	1		1.5	2 Ba	urbai	ra R	oad	Se	vern	a Parl	c. Ma	ryla	nd 21146		
20e, METHOD OF DISPOSITION			20	other place)										own, State		
1 💢 Buriel 2 □ Cremation 4 □ Donation 5 □ Other (Sp		oval from State	_	Ceda	r Hi	11 0	Ceme	ter	V		Ba.	Ltimo	re.	Maryland		
21. SIGNATURE OF FUNERALS	ERVICE LIC	ENSEE	5			22. NA	AME AND	ADDRES	S OF FA							
* Stake		-68	ni	1							unera					
23. PART I. Enter the dise				4 44 - 4 - 45							Bal	Approximate				
ahock, or heer IMMEDIATE CAUSE (Final disease or condition resulting in death)		e. CDUE TO	O (OR AS	A CONSEQUE										Interval Between Onset and Desti		
Sequentially list condition if eny, leading to immedia ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	te	c		A CONSEQUE		191	00	6	015	17 M	317	UV.	736	um		
PART II. Other algorificent	condition	e contributing t	o deeth i	but not reau	iting in	the unde	lerlying	ceuse (given in	Part I.	24a. WAS AI PERFO	RMED?	Y 24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
													\perp			
25. WAS CASE REFERRED TO A EXAMINER?	REDICAL	HOSPITAL:	1		1	тный:				eck only o						
1 TYES 2 7-40		1 Inpatient 2			DOA 3	Nursir	ng Home		sidence	6 🗆 Othe						
27. MANNER OF DEATH 1 Netural 5 Per	nding eatigation	26s. DATE O (Month,	F INJURY Day, Year)	20	Bb. TIME (WOR	K?	NO	26d. DE	SCRIBE HOW	INJURY C	CCURED			
3 Suicide e Co	uid not be ermined	28a. PLACE building	OF INJUR	Y — At home, ecily)	ferm, etre	et, factor	ry, office			281. L.OC C/ty	ATION (Street or Town, State	end Numb	oer or Rura	Route Number,		
(Orlock Orly)	University of	CIAN: To the best of												(e) and manner se stated.		
29b. SIGNATURE AND TITLE OF	CERTIFIE	Illu						29c. LIC	ENSE NU	MBER		29d. D.	ATE SIGNE	(Month, Day, Year)		
30. NAME AND ADDRESS OF P	ERSON WH	-	USE OF D	EATH (ITEM 2	7) (Type, P	rint)					15	2	210	90		
31. DATE FILED (Month, Day, You	r)	a 32. REGISTI		NATURE	4		-	10	////	7	UM	, ,	, ,			

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

AUG 0 7 1990 ...

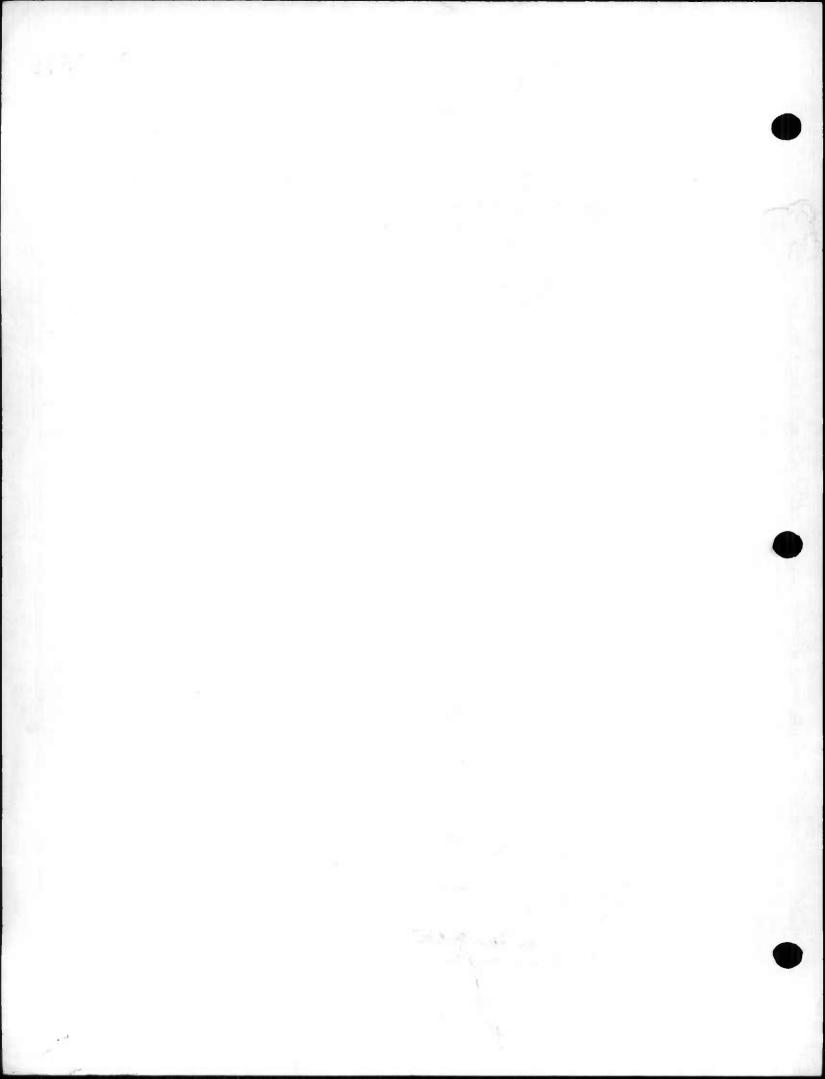
- Lavidson-Mandall

K K ... K ...

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6 may be retained by the hospital or attending physician.	curs after death. Page 6 may b	e retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	filled in by the funeral director, pag nn, or removal.	5 should be detached for use as the burial-transi
IMPORTANT, If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	e medical examiner must be	notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH										
	Hugh Kyle	7 22	90 3:50A M										
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)										
	408-24-5244 1 THE T 73 YRS. MONTHS DAYS HOURS MIN.	2/11/17	Tenn										
	9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF D	EATH 9c. CO	UNTY OF DEATH										
OR	Bon Secours Hospital Baltimore	Cita											
5	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	10d. INSIDE CIT											
DIRECTOR	My Balton In on	a	LIMITS?										
	10e. STREET AND NUMBER	10g, Cf	TIZEN OF WHAT COUNTRY?										
RA	200 Still Meadow Drive 2108	5	UCA										
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 12. WAS DECEMBENT OF HISPA												
	IF YES CIVE WAR OR DATES	IISPANIC ORIGIN? (Specify Yea or No— faxicen, Puerto Rican, etc.) Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify:											
ВУ	3 Milliowed 4 Divorced		Dack										
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	16b. KIND OF BUSINESS/II	NDUSTRY										
E	Elementary/Secondary (0-12) College (1-4 or 5+)												
MP	CT FATHERIS MARK (Flore Alleide Local												
	17. FATHER'S NAME (First, Migdio, Last) 18. MOTHER'S N. F. L. L. L. L. L. L. L. L. L. L. L. L. L.	1 4 /											
BE	Mach Kyle, Sr Ethel Chesney												
2	196. INFORMANT'S NAME (Rype/Print) 196. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2/223												
	Mary Johnson 7349 Highview Dinie Columbia S. C. 223 200, METHOD OF DISPOSITION Deposition (Name of complex), crematory or 200_LOCATION - City or Town, State												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF F	ACILITY											
	23. PARTI. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximate												
	ahock, o∦ heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final		Interval Between Onset and Death										
	disease or condition resulting in death)												
	DUE TO (OR AS A CONSEQUENCE OF):												
z	diabetes mill	etus											
CERTIFICATION	Sequentially list conditions, If any, leading to immediate												
2	f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury												
E	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST												
19	d												
	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in	Part I. 24s. WAS AN AUTOPS' PERFORMED?	Y 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO										
MEDICAL		1 TES 2 NO	COMPLETION OF CAUSE OF DEATH?										
WEL			1 TES 2 NO										
ä													
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (C	heck only one)											
YSI	1 VES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence	8 Other (Specify)											
PHYSICIAN:	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 1 Netural 5 Pending	28d. DESCRIBE HOW INJURY O	CCUREO										
BY	2 Accident Investigation Investigation												
	3 Suicide 8 Could not be detarmined detarmined	28f. LOCATION (Street and Numb City or Town, State)	ber or Rural Route Number,										
E													
APL	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, deta and piece, and du												
COMPLETED	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the	time, date and place, and dua to	the cause(a) and manner as stated.										
BE	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NU		ATE SIGNED (Month, Day, Year)										
5	(mgs Rehun 0185	()	7/22/10										
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 4660 William Sur 202, Balli md 212	25											
		-1											
	AUG V (1990 Suna James Sign Tone												
	NOG 1 1000 //												



TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYLAN	CERTIFIC				REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last)					2. 0	DATE OF DEATH		3. T	IME OF DEATH
GERTRUDE KEENE					100	AUGUST	, 19 ⁹	Ö	1:40p m
4 SOCIAL SECURITY NUMBER 120-12-22-5	5. SEX 6. AGE (In ym		UNDER 1 YEAR WITHS DAYS	IF UNDER 24	HRS. 7. D	ATE OF BIRTH Month, Day, Year)		OUNTRY)	E (State or Foreign
9e. FACILITY NAME (If not institution, give stre THE JOHNS HOPKIN			CITY, TOWN	OR LOCATION	OF DEATH		BALT		E CITY
RESIDENCE OF DECEDENT								Lan	
100. STATE 100. COUNTY BAA	CTIMORE	B B	4L7	TION	ORL	E		11	INSIDE CITY LIMITS? TES 2 NO
100. STREET AND NUMBER	I AUE,		1	of. ZIP CODE	217	-13	10g. CITIZEN	OF WHAT	COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2	ARMED CONTRACT				RIGIN? (Specify Yea arto Rican, etc.)	or No 14.	RACE - A Black, Wh	merican Indian, Ite, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES			S 2 70-110				Specify: 2	34K
15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	ATION 166 College (1-4 or 5 +)	(Give kind of work life. Do NOT use re	done during r	TION nost of working		16b. KIND OF BUS	INESS/INDUST	RY /	
0-12	- 1	10 m	5.51	10		KEI	REd		
17. FATHER'S NAME (First, Middle, Last) DENNES K.	EENE			18. MOTHE	ATT	First, Middle, Maiden	Surname)	51	
19a. INFORMANT'S NAME (Type/Print) BIRTIE /	FFNF	19b. MAJLING AD	DRESS (Stree	and Number of	Rural Route	Number, City or Town	CATA	n) 51	Vinz
20e, METHOD OF DISPOSITION	20b. PL	ACE OF DISPOSITION POR PIECE	ON (Name of	ametery, cremat	tory or	20c. LO	CATION — City	or Town, S	Style 1/1-
4 Donation 5 Other (Specify)		WA	LIGHT	CEI	WITT	ZY CA	14b.	11/0	1013
21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	1	22. NAME	AND ADDRESS	OF FACILIT	1 0	1 .7	1	0.015
Divis to.	Boarde	201_	Boat	cher	7//	+ Casm	611	d.	21615
23. PART I. Enter the diseases, Dr co shock, Dr heart fellure, L	omplications that caused the		enter the n	node of dyin	g, such se	cardlec or respi	ratory srrest	·	Approximate Interval Batween
IMMEDIATE CAUSE (Finel disease or condition	Tracke	1 ah	Street	4					Onset and Death
resulting in death)	DUE TO (OR AS A CO	PNSEQUENCE OF):	7000	0.707	Name .			1	2 11
Sequentisity liet conditions,		ancer							d months
if any, isading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	INSECUENCE OF):						į	
that initiated events resulting in death) LAST	DUE TO (OR AS A CO	INSEQUENCE OF):							
						. 1		+	
PART ii. Other significent conditions	contributing to deeth but	not resulting in t	he underly	ing cause gi	ven in Part	PERFOR	RMED?	AWA	RE AUTOPSY FINDINGS ILABLE PRIOR TO APLETION OF CAUSE
						1 YES 2	□ NO	OF	DEATH?
								''	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DE	ATH (Check o	only one)			
1 YES 2 NO	HOSPITAL: 1 A Inpatient 2 ER/Outpatie		THER: Nursing H	ome 5 🗆 flas	idence 6 🗆	Other (Specify)			
27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y	NJURY AT WORK? YES 2		d. DEȘCRIBE HOW	NJURY OCCUR	ED	
3 Suicide 6 Could not be detarmined	26s. PLACE OF INJURY — building, etc. (Specify)	At home, farm, stra	et, factory, of	fice	281	I. LOCATION (Street City or Town, State)		Rural Route	Number,
(Check only	CIAN: To the bast of my knowleds							euse(s) and	d manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER			, 3901		SE NUMBER				nth, Day, Year)

Tower

ay

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Johns Hopkins Hospital

ours after death. Page 6 may be retained by the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 signid the dest be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, AUG O 7

1990

BALTIMORE, MARYLAND

DHMH-16 Rev 1/89

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AUG 7 1990

													9	0	21	58
	FOR 1 - STATE REGISTRAR		STATE OF M		DEPAR					MENT	AL HYGIEN	E				
	1. DECEDENT'S NAME (First, Midd	dle, Last)									E OF DEATH		YEAR	3. TIM	E OF DE	ATH
	HARRY		KACHADO	DURIAN						AU		3	90	C	110	DAH
	4. SOCIAL SECURITY NUMBER 218 01 9708	1.5	SEX XXM 2 □ F	6. AGE (In yrs. las	st birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DAT	e OF BIRTH	895	8. BIRTH	IPLACE	(State or	Foreign
	9a. FACILITY NAME (If not institution				9b. CITY, TOWN OR LOCATION OF DE							NTY OF D				
g	INION MEMO	ORIAL	HOSPTT	AL	BALTIMORE CITY											
<u>[</u>]	RESIDENCE OF DECEDO	COUNTY			10c. CITY, TOWN OR LOCATION									10d. J	NSIDE CIT	ry
DIR.	Md.				Baltimore City										JMITS? YES 2	
FUNERAL DIRECTOR	706 N. Howa	ırd St	•		101. ZIP CODE 2120								USA			
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merr 3 Widowed 4 Divorced	T EVER IN U.S. AV	RMED NO			egify Cubi	in, Maxica	n, Puart	SIN? (Specify Yea o Rican, atc.)	or No—	1972/04	E — Am k, White My:	narican Ind	dlen,		
													1		3	
	15. DECEDEN (Specify only high	heat grade co	mpleted)	(0	ECEDENT'S Bive kind of a. Do NOT u	work done	during mo	ON at of worki	ng	3	es. KIND OF BUS amgotol	n Or	ienta	al		
COMPLETED	Elementary/Secondary (0-12)		College (1-4 or 5 +	•)		,	ident				Rug Co.					
BE CON	17. FATHER'S NAME (First, Middle, Nisha		Kachad	ourian				18. MOT	Tak (ME (First	t, Middle, Maiden L Berbei	Sumame) rian			Ė	
TO B	190. INFORMANT'S NAME (Type/P Mrs. Alice M	. Kac	hadouri	an	706	N. I	s (Street a Howai	nd Numberd S	r or Aural I	Ba]	mber, City or Town Ltimore	n, State, Zi Md	p Code)	2120	01	
	20a, METHOD OF DISPOSITION 1 Gurial 2 Cremation 3 4 Donation 5 Other (Spec	Removi	ombment	20b. PLACE other p MOT	or Dispo	sition (N	noria	al Pa	matory or ark (Cem.	20c. LO		timore, Md.			
						22	NAMEAN	APDRE	SS OF FA	GILITY I	MOH CLE	F T	NC			
	21. SIGNATURE OF THERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY EDEFELD HOME, INC. 6500 York Road Baltimore, Md. 21212												2			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ahock, or heart feiture. List pnly one cause on each line. IMMEDIATE CAUSE (Finel													Between nd Death		
	disease or condition resulting in death) a. ASDITUTION PNEUMONIA BUEEKS BOOK GAG REFLEX															
8	DIE TO (OR AS A CONSEQUENCE OF).															
₩	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING															
윤	CAUSE (Disease or Injury that initiated events	c .	DUE TO	(OR AS A CONSE	OUENCE C	PF):	_							$-\dot{+}$		
ERTIFICATION	resulting in death) LAST	d.												_		
LC	PART II. Other significent c	onditione	contributing to	death but not	resulting	In the u	nderlyin	g csuse	given in	Part I.	24a, WAS AN		24	. WERE	AUTOPSY	FINDINGS
EDICAL	Chr	ON	ic K	eNA	2_ f	AIL	LUD	E			PERFOR	. 4		COMP	ABLE PRIC	
	Pane	470	PEN	IA.							10 123 2	70,100		OF DE	EATH? YES 2 [∃ NO
2				-												,
	25. WAS CASE REFERRED TO ME						26. PL	LACE OF I	DEATH (Ch	eck only	one)					
Sic	EXAMINER?		HOSPITAL:	ER/Outpatient	3 🗆 DOA	4 Nu		ne 5 🗆 R	aeldence	6 🗆 0	ther (Specify)	WA				
PHYSICIAN:	27. MANNER OF DEATH	dina	28a. DATE OF (Month.,D		26b. TH	ME OF JURY	WC	JURY AT DRK?	WA	28d. [DESCRIBE HOW I	NJURY O	CCURED			
B≼	2 Accident Inves	etigetion	70 PLACE C	F INJURY — At h	NI	9 "	1 🗆		_ NÓ	004 1	MIN	and Month		Davida A		
E	3 Suicide 6 Coul 4 Homicide deter	ld not be rmined	building,		IA	street, ra	nory, ome	:0		261. L	OCATION (Street : Ity or Town, State)	A I	A	HOURS N	lumber,	
COMPLET	29a. CERTIFIER	ING PHYSICIA	AN: To the best of	my knowledge, d	leath occur	red at the	time, date	and place	e, and due	to the	cause(s) and ma	nner sa st	ated.			
M	ana)		On the basis of a											s) and	manner a	stated.
В	29b. SIGNATURE AND TITLE OF	cylinaties						29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNE	D (Mont	h, Day, Yea	nr)
8	Tuel 11	Bon	essem-	-M.D				1	TO COME IN				8-0		-	
12	20 11415 415 425 225 22 22	-14	7/2	100									0	-	- (-	

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MEMOR 10.15 (

The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th

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BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending unit ThE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the properties within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	* REGISTRAR		CENTIF	ICALE	P DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)	s Ford	inand	Kial	Jr.	2. DATE OF DEATH MONTH DA August 3	1000 YE	3. TIME OF DEATH
-1	Charle		GE (In yrs. lest birthday)	IF UNDER 1 YE		7. DATE OF BIRTH		HRTHPLACE (State or Foreign
	220-07-0974	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	71 73 YRS.	MONTHS DA		Jan. 24 1	C	Maryland
.	9a. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, TO	VN OR LOCATION OF D	EATH	9c. COUNTY	
	98 E. Pado	nia Road, /	Apt. 103	Ti	monium		Bal	timore
2	10e. STATE 10b. COUNT		10c, CIT	Y, TOWN OR L				10d. INSIDE CITY LIMITS?
5		imore		Timon				1 - YES 2 NO
L'UN	98 E. Padonia R	oad, Apt.	103		101. ZIP CODE 2105	3		OF WHAT COUNTRY?
	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	If ye	DECENDENT OF HISPA I, specify Cuban, Mexico YES 2 X NO Specific		or No— 14.	RACE — American Indian, Black, White etc. Specify: White
3	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCCU	PATION g most of working	16b, KIND OF BUS	SINESS/INDUSTI	RY
ان	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u	se retired.)	, most or working			
			Driver			M.T.A		
3	17. FATHER'S NAME (First, Middle, Last)	C			2000	AME (First, Middle, Malden		
3	Charles F. Kiel	, sr.	19b. MAILING	ADDRESS (St		Achsah Ov		(a)
2	John E. McCann,	Esa.	The Section			, 1 N. Cha		-
	20s METHOD OF DISPOSITION 1 Donates 2 Cremetion 3 Rom 4 Donates 5 Other (Specify)		20b. PLACE OF DISPO	SITION (Name o	f cametary cramatory or		CATION — City	or Town, Slate
1	21. SIGNATUSE OF PUNEPPL SHAUPEN	and a st	Y/	22. NAM	E AND ADDRESS OF F	ICILITY	1 111101111	um, ma.
	Have Top	iul T. Lbe	stampfor	Ler		nell-Wiedefo Md. 2109		
MOLINA	ahock, or heer failure. IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	e. Aflewsol DUE TO (OR			sculor d	wear		Interval Between Onset end Deeth 2
Senific	CAUSE (Disease or injury that initiated events resulting in death) LAST		AS A CONSEQUENCE C	OF):				
1	PART II. Other significant condition	na contributing to das	th but not resulting	In the under	lying cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC						1 _ YES 2	<u>□</u> 410	COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
H TSICIAIN:	25. WAS CASE REFERRED TO MEDICAL				6. PLACE OF DEATH (C	heck only one)		
5	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/	Outpatient 3 🗆 DOA	OTHER:	Home 5 TResidence	6 Other (Specify)		
	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJU	PRY 28b. TH	JURY	WORK?	28d. DEŞCRIBE HOW I	NJURY OCCURE	ED
ובת פ	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IN. building, etc.	IURY — At home, farm, (Specify)	street, factory,	office	281. LOCATION (Street City or Town, State)		itural Route Number,
COMPLE	(Critical Orley	ICIAN: To the best of my i						iuse(a) and menner as stated.
20	29b. SIGNATURE AND TITLE OF CERTIFIE	6 8	3		29c. LICENSE NO.	MBER 6 X X	29d. DATE SIG	GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI				ilworth Re	d., Towson	n. Md.	21204
	31. DATE FILED (Month, Day, Year)	ha Davidson-R		, item		,	.,	
	AUG 0 7 1990 9	ha Davidson-N	Maria					

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BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

hours after death, Page 6 may be retained by the hospital or attending physicial TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.7 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-fir be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

286	Marv Jan	e Kenn	edv				2. DAT	E OF DEATH	1	XEAR 3.	31/ A
4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. last		IF UNDER 1 YE		R 24 HRS.		E OF BIRTH		. BIRTHPLA Country)	CE (State or Foreign
212-28-1297	1 🗆 M 2 🗔 🖟	59	YRS.	MONTHS DAY	YS HOURS	MIN.		-21-3	1	Country	MD.
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOY	WN OR LOCA	TION OF DI	EATH		9c. COUNT	Y OF DEATH	Н
7742 Glen Av	enue			Pas	aden	a			Anne	Aru	inde1
RESIDENCE OF DECEDENT 10a, STATE 10b, COU	ITY		10c CITY	TOWN OR LO	OCATION					1 100	1. INSIDE CITY
	N/A			altim	ore						LIMITS?
10e. STREET AND NUMBER					101. ZIP CO						COUNTRY?
3711 Belair	12. WAS DECEDENT	T EVER IN U.S. ARI	WED	12 WAG	212		HIC OBIG	iN? (Specify Yea		I.S. A	American Indian,
1 Never Married 2 Married 3 Vildowed 4 Divorced	FORCES? 1	YES 2 N	0	If yes	YES 2 NO	en, Mexica	in, Puerto	Rican, atc.)	- NO-	Black, Wi	hita, atc.
A 15. DECEDENT'S E		16a, DE0	CEDENT'S	USUAL OCCUP	PATION		1 10	Bb. KIND OF BUS	INESS/INDU	STRY	White
(Specify only highest gri	College (1-4 or 5 +	(Gh	ve kind of v Do NOT us	ork done during e retired.)	g most of worl	ding		in Micercan		1821	
8th Grade		Se	ervi	ce Cl	erk			C&P Te	eleph	one	Co.
17. FATHER'S NAME (First, Middle, Last)	-111.							, Middle, Maiden			
James Adam	Glass S	r.				Mild	red	Eliza	abeth	Rid	lgaway
19a. INFORMANT'S NAME (Type/Print)								mber, City or Town			
Patricia A.	Kohne		7742	Glen	Ave	., P	asa	dena,	Md.	2112	2.2
20e: METHOD OF DISPOSITION 1 Deuriel 2 Cremation 3 DR	emoval from Stata	20b. PLACE (other pla		ITION (Name o	f cometery, cr	emetory or		20c. LO	CATION — CI	ty or Town,	State
4 Donation 5 Other (Specify)		-	M					P	arkvi	110	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY McCully Funeral Home 3204 Mountain Rd. 21122											
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.								Rd. 2	1122		
23. PART I. Enter the diseases, c shock, or heart failur IMMEDIATE CAUSE (Final	r complications that	t caused the de	ath. Do n	ot anter the	mode of d	ying, suc	h as ca	Rd. 2	1122		Approximate interval Between Onset and Deat
23. PART I. Enter the diseases, c shock, or heart failur	a. List only one cau	t caused the de	ath. Do n	ot anter the	mode of d	ying, suc	h as ca	Rd. 2	1122		Approximate interval Between
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PLACE O building, ysician: To the best of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of an one cause of a	t caused the dailse on each line. 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TIME INJ	ot anter the	lying cause 6. PLACE OF Home 5 1 I NULLY AT WORK? YES 2 offica data and pla- on, death occ	given In DEATH (C): Residence	Part I. Part I. 28d. D 28f. LC	24a. WAS AN PERFOR 1 VES 2 One) DOCATION (Street by or Town, State)	AUTOPSY IMED? AUTOPSY IMED? INO NJURY OCCU	24b. WE AW CO OF 1 [Approximate interval Betwee Onset and Deat 2 Y R S PRE AUTOPSY FINDINGS INLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as it from the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
STATE REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR	CERTIFI	CATE OF	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	-			2. DATE OF DEATH		3. TIME OF DEATH	
- 1	LILLIAN BERTHA	KIRBY			AUGUST 4	1990		
		AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		RTHPLACE (State or Foreign	
	212.30.3472 11 DM 2 SAF		MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Co	ountry)	
	FACILITY NAME (If not institution, give street and number)	09			L		aryland	
~	Ma. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY C		
Ö	Anne Arundel Medical Cente	r	Annap	olis		Anne Arundel		
5	RESIDENCE OF DECEDENT 10b. COUNTY	400 CITY	TOWN OR LOC	TION		10d, INSIDE CIT		
2	0100500000			KIION			LIMITS?	
FUNERAL DIRECTOR	Maryland Anne Arundel	000	enton			,	1 ☐ YES 2 💢 NO	
Z	10e, STREET AND NUMBER		1	01. ZIP CODE		10g. CITIZEN (OF WHAT COUNTRY?	
E	2595 Conway Road			21113		USA		
\$	11. MARITAL STATUS 12. WAS DECEDENT ET				NC ORIGIN? (Specify Ye	or No- 14. F	RACE - American Indian, Black, White, atc.	
*	1 Never Married 2 Married FORCES? 1 FYES, GIVE WAR			S 2 X NO Specifi	n, Puerto Rican, atc.)		Specify:	
6	3 X Widowed 4 Divorced						White	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S 1	ISUAL OCCUPAT	TON	16b. KIND OF BU	SINESS/INDUSTF	TY	
ᇤ	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use		roat or working	1			
7	12th None	Homer	maker		Own	Home		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)		
	John Ford			Olga	Zukw	ick		
BE	19a, INFORMANT'S NAME (Type/Print)	19h MAILING	ADDRESS /Stree		Route Number, City or Tow		1)	
2	Contract of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the							
	Dorothy Kirby				race, Edge			
1	20a, METHOD OF DISPOSITION N Burlel 2 Cremetion 3 Removal from State	20b. PLACE OF DISPOS other place)				CATION — City of		
	4 Donation 5 Other (Specify)	Glen Have				Burnie	e, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	. /		AND ADDRESS OF FA	ERAL HOME			
	CHARREN 1011VA	host /				DUDNITE	WD 21061	
-	23. PART I. Enter the diseases, or complications that co	used the death. Do n					, MD. 21061	
	shock, or heart fellure. List only one cause		ot enter the n	loae of dying, suc	m aa cardiac or reap	areiory arrear,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final	ſ.,					Onset and Death	
	disease or condition resulting in death)	ANUC					6 months	
	DUE TO (OF	AS A CONSEQUENCE OF):					
Z	C h							
2	Sequentially list conditions, If any, leading to immediate	AS A CONSEDUENCE OF):					
S	cause. Enter UNDERLYING CAUSE (Disease or Injury							
E	that initiated events DUE TO (OF	AS A CONSEQUENCE OF):					
CERTIFICATION	resulting in deeth) LAST							
MEDICAL	PART II. Other aignificent conditions contributing to de	ath but not reaulting I	n the underly	ing ceuse given in	Part I. 24a. WAS AI PERFO	N AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
S	Hyper Kalenin				1 🗆 YES	2 → ₩0	COMPLETION DF CAUSE OF DEATH?	
Ų.	01						1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		28.	PLACE DF DEATH (C)	heck only one)			
S	EXAMINER? 1 YES 2 NO 1 Inputient 2 E	R/Outpatient 3 DOA	OTHER:	ome 5 - Residence	• - Other (Press)			
¥	27. MANNER OF DEATH 28a. DATE OF IN.			NJURY AT	28d. DESCRIBE HOW	IN HIRV OCCUPE	in .	
	1 Netural 5 Pending (Month, Day,	Year) INJ	URY	WORK?	200. DESCRIBE NOW	INJUNT OCCURE	:0	
BY	2 Accident Investigation			YES 2 NO				
	S Could not be building, etc	IJURY — At home, farm, a . (Specify)	treet, fectory, of	fice	281. LOCATION (Street City or Town, State	end Number or R	rural Route Number,	
I	4 Homicide determined	-						
7	29a. CERTIFIER Check note: 1 CERTIFYING PHYSICIAN: To the best of my	knowledge, death occurre	d at the time, d	nte and place, end du	e to the cause(e) and me	enner as stated.		
COMPLETED	(Check only one) 2/ MEDICAL EXAMINER: On the basis of exam						use(s) end menner as stated.	
8			1.0000					
BE	29b. SIGNATURE AND TITLE OF CENTIFIER			29c. LICENSE NU	MBER	BER 29d. DATE SIGNED (Month, Day, Ye		
	Mut. None					8.	-5 70	
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type,	Print)					
	JOHN TR NEWMAN							
	31. DATE (Holm). De 1990 Julia Cando	SIGNATURE						
	MAN THE NEWSON	- Advantage						

he ho	detac	-
4	2	1
w requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the his	been signed by the attending physician and completely filled in by the funeral director, page 5 should be detait or Health and Mental Hydiene prior to burial, cremation, or removal,	and the first the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon
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within	been signed by the attending physician and completely filled in by the items of Health and Mental Hydiene prior to burial, cremation, or removal,	4
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certif	ding l	44
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BALTIMORE, MARYLAND

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

burial-transit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

the medical TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x 1. THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO.

	1. DECEDENT'S NAME (First, Middle, L	ABRAHAM	M	LA LIE	MAN	_ 01	DLA		2. DATE OF D	DAY	1990	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER			KAUF					JÜL			0
	577-30-8199	5. SEX 1 (X) 2 □ F	6. AGE (In yrs. la	st birthday) YRS.	NONTHS	DAYS	HOURS	MIN.	7. DATE OF BI (Month, Day, 3/9/0	HTH Year) 09	Count	HPLACE (State or Foreign ry) ASS.
	9a. FACILITY NAME (If not institution, g	give atreet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE	ATH	9c. C0	DUNTY OF C	DEATH
DIRECTOR	HOLY CROSS					SILV	ER S	PRIN	G		MON	TGOMERY
E	RESIDENCE OF DECEDENT 10a. STATE 10b. CO			10c. CITY, TOWN OR LOCATION						10d. INSIDE		
DIR		PRINCE GEO	RGES	UPPER MARLBORO					LIMITS? YES 2 NO			
3AL	10e. STREET AND NUMBER					10	. ZIP COD			10g. C	WHAT COUNTRY?	
Ä	11306 OLD MARL							207			USA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. A 1 YES 2 D WAR OR DATES			If yes, sp	ENDENT (ecity Cubic 2 DNO	ın, Mexica	n, Puerto Rican,	ecity Yes or No- etc.)	14. RAC Blac Spec	E — American Indien, k, White, etc. W: WHITE
8	15. DECEDENT'S (Specify only highest	EDUCATION	16a, D	ECEDENT'S	USUAL O	CCUPATI	ON of world		16b. KIND	OF BUSINESS/	NDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	- 46	a. Do NOT u	se retired.)	during me	ASL OF WORK	''W				
MPI	12			I	NVES'	FOR				REAL I	ESTAT	E
S	17. FATHER'S NAME (First, Middle, Last						16. MOT	HER'S NA	ME (First, Middle	, Malden Surname)	
BE	DAVID KAUFM	AN					-		SCHNE			
10	19a. INFORMANT'S NAME (Type/Print)		11							ty or Town, State,		
	MRS. MOLLY GAI			60 W					ARK, DE	1971		
	20a. METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 C 4 Donation 6 Other (Specify)	Removal from Stata	20b. PLACE other p	vlace)					c.	20c. LOCATION WASHIN		
	21. SIGNATURE OF FUNERAL SERVICE	11			22.	NAME A	ND ADDRE	SS OF FA	CILITY	111-2-2-2		
	> Gleen	ue dev	mao	n						D. BAL		D 21215
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Carry	O (OR AS A CONSI	TRY	1 6	tion popo Disco	shy Ajc					Onest and Death Minules one year Years
	PART II. Other algnificent,cond	litiona contributing t	o death but not	resulting	In the u	nderlylr	o cause	given in	Part I 24a	WAS AN AUTOP:	RV 24	b. WERE AUTOPSY FINDINGS
CAL		letres		tooditing			g cause	given in		PERFORMED?		ANAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL	271100143								— ¹º	YES 2 NO		OF DEATH?
2									_			1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDIC	AL		-		26. P	LACE OF I	DEATH (C)	eck only one)			
S	EXAMINER?	HOSPITAL:	ER/Outpatient	2 DOA	OTHE	R:			6 C Other (Spi	- 16.1		
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE C		28b. TII	_	28c. IN	JURY AT DRK?			E HOW INJURY	OCCURED	
ED BY	2 Accident Investigation 284 PLACE OF INJURY At home from street factors office.							ber or Rural	Route Number,			
COMPLETED	one)	PHYSICIAN: To the beet										(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CER			CH-R-SY								
296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month). 297 30 - 30 - 30 - 30 - 30 - 30 - 30 - 30												
-	30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CA	USE OF DEATH (IT	EM 27) (Typ	e, Print)							
	31. DATE FILED (Month On Part?		- Americanian	Service Service								
	AUG'O"/	1990 g	Exto Lettos out									

SC BI C OF

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit perm be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

CTATE OF SEADULAND / DEDADTMENT OF HEALTH AND MENTAL HYOURNE

STATE REGISTRAR						CATE O							
. OECEDENT'S NAME (First, Middle									2. DATE MONT	OF DEATH	AY	YEAR	3. TIME OF DEATH
		rick (8	3	1	990	
I. SOCIAL SECURITY NUMBER		SEX		in yrs. lest bi		MONTHS DAY		24 HRS. MIN.	(Monti	OF BIRTH h, Day, Year)		Count	
167 26 6951		X M 2 F	56	5	YRS.					0-24-1			nnsylvania
e. FACILITY NAME (If not institution		,				9b. CITY, TOW		N OF DE	ATH		9c. COU	INTY OF E	DEATH
8033 Маумоо		nue				Pasa	dena				An	ne A	rundel
RESIDENCE OF DECEDE	COUNTY			T	10c. CITY	Y, TOWN OR LO	CATION						10d. INSIDE CITY
	Anno	Arunde	7		_	sadena							LIMITS?
o. STREET AND NUMBER	VILLIG 1	AT unde.			1 95		10t. ZIP CODE				10c CIT	IZEN OF	WHAT COUNTRY?
7.10	٠٨ الحمد						4 90 1					U.S.	
8033 Mayw		WAS DECEDEN	UT EVER IN	IIIS ADME		12 WAS D	2112 ECENDENT OF		IIC OBIGII	12 (Specify Ver			
☐ Never Merried 2 🛣 Marrie		FORCES? 1	1 X YES	2 NO		If yes,	specify Cuber	ı, Mexica	n, Puarto		01110		E — Americen Indian, ek, White, etc.
☐ Widowed 4 ☐ Divorced		Korea			t.	יווי	ES 2X NO	Specify	r:			Spec	White
15. DECEDEN		ON		16a. DECE	DENT'S	USUAL OCCUPA	ATION		16t	. KIND OF BUS	SINESS/IN	DUSTRY	
(Specify only higher Elementery/Secondary (0-12)	1	ollege (1-4 or 5	+)	(Give life, Do	kind of w	vork done during e retired.)	most of working	g					
12th Grade				Ca	arpe	enter				Bethl	ehem	Ste	el Corp.
, FATHER'S NAME (First, Middle,	Last)						16. MOTH	ER'S NA	ME (First,	Middle, Meiden			
Fred	Light	tner					A	lie	е Н	art.			
e. INFORMANT'S NAME (Type/Pri				19b. N	MAILING	ADDRESS (Stre					n, State, Zi	p Code)	
Carol Light	ner												d 21122
METHOD OF DISPOSITION			20b.			SITION (Name of			1 do			2000	own, State
Buriel 2 ☐ Cremetion 3 ☐ Donation 5 ☐ Other (Spec		from State		other place	9)	e Veter			03011				e, Marylan
I. SIGNATURE OF FUNERAL SER			-	ACLE D	varue	ACCET	ans de	allie C	CILITY	1 01	Oump	ATTT	e, narytan
	WICE LICENS	EE	11			1 22. NAME	AND ADDRES	S OF FA					
I SIGNAL DIE OF FUNDAL SEN	WICE LICENS	HE /	9			Geo	rge J.	Go	nce				
23. PART I. Enter the disease shock, or heart is	la Le	plications the	use on a	ach [ina.		Geo 400	rge J. 1 Rito	chie	Hwy	. Balt	imor	e, M	d. 21 225 Approximate Interval Between
23. PART I. Enter the disease shock, or heart to	la Le	plications the	use on a	ach [ina.		Geo 400	rge J. 1 Rito	chie	Hwy	. Balt	imor	e, M	d. 21 225 Approximate Interval Between
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Deck only of the cast time, date	D A 24a. WAS AN PERFOI 1 YES 2 CATION (Street or Town, State	I MOT I I I I I I I I I I I I I I I I I I I	24 CCURED sted.	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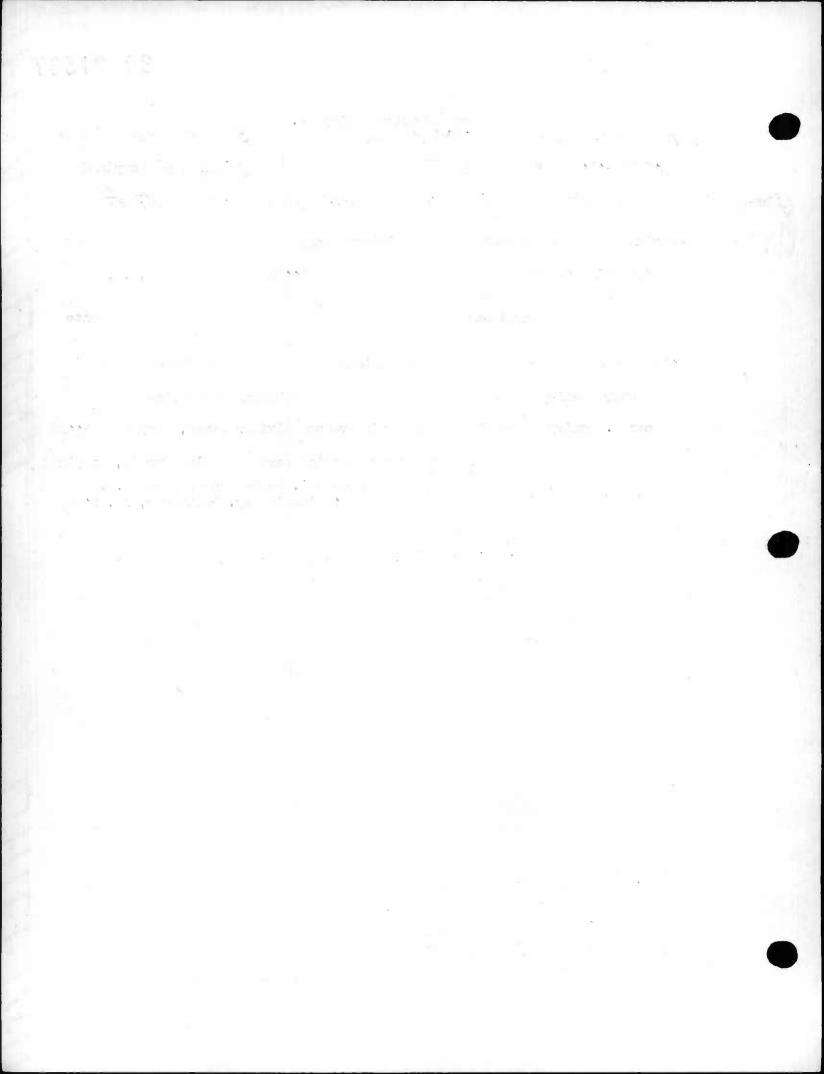
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a nown safer death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.						
	Frank C. LE	Frank Charle	s Lenivy Sr. SR.	2. DATE OF OEATH	90 1640 M					
	4. SOCIAL SECURITY NUMBER 5. SEX 212 20 9121 1 M 2 - F	6 15 YAS. M	FUNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MNN.	7. OATE OF BIRTH (Month, Day, Year) 7/20/25	a. BIRTHPLACE (State or Foreign Country) Maryland					
TOR	98. FACILITY NAME (If not institution, give street and number) North Arunder RESIDENCE OF DECEDENT	1 Hosp.	Glen Bu	eath sc. co	DUNTY OF DEATH					
DIRECTOR	10s. STATE 10b. COUNTY Maryland Anne Arundel		own or Location viera Beach		10d. INSIDE CITY LIMITS? 1 YES 2 X NO					
FUNERAL	100. STREET AND NUMBER 8524 Main Avenue		101. ZIP CODE 21122		U.S.A.					
B			13. WAS DECENDENT OF HISPA If yee, specify Cuben, Maxlet 1 YES 2 X NO Specif		14. RACE — American Indian, Black, White, etc. Specify: White					
COMPLETED	15. OECEOENT'S ECUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12th Grade College (1-4 or 5+)	Min Do MOT une o	k done during most of working stired.)	16b. KIND OF BUSINESS/I						
BE CON	17. FATHER'S NAME (First, Middle, Last) Peter Lenivy		16, MOTHER'S NA	ME (First, Middle, Meiden Sumeme unna Hanagovi						
0	19a. INFORMANT'S NAME (Type/Print)		DDRESS (Street and Number or Rural	Route Number, City or Town, State,	Zip Code)					
	Joan M. Lenivy		ain Avenue Riv							
	20a. METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 Removal from State	other place)	ON (Name of cometery, crematory or		City or Town, State					
	1. SIGNATURE OF FUNERAL SERVICE LICENSEE	/								
ATION	Sequentially list conditions, if any, leading to immediate	OR AS A CONSEQUENCE OF):	peardial	INSAnct	Onset and Daath					
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL C	PART II. Other significant conditions contributing to	death but not resulting in	tha underlying cause given in	Part I. 24e. WAS AN AUTOPE PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (C.	heck only one)						
PHYSICIAN:	1 YES 2 NO 1 inpetient 2 2. 27. MANNER OF DEATH 26s. OATE OF		Nursing Home 5 Residence DF 28c. INJURY AT	6 Other (Specify) 28d. DESCRIBE HOW INJURY (OCCUPED					
BY P	1 Natural 5 Pending (Month, De 2 Accident Investigation	injury — At home, ferm, etc	WORK? M 1 YES 2 NO	281. LOCATION (Street and Num						
ETED	4 Homicide determined building,	etc. (Specify)	ret, factory, office	City or Town, State)	per or note note namoer,					
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of 2 MEDICAL EXAMINER: On the basic of examiners.									
TO BE C	296 SIGNATURE AND TITLE OF CERTIFIER	mo De	paty DOC	MBER 29d, C	DATE SIGNEO (Month, Day, Year)					
	30. NAME AND ADDRESS OF PERSON WHO DOWNLETED CAUSE WILLIAM TO	e of DEATH (ITEM 27) (Type, P	695 1	America	Ct. \$1035					
	31. OATE FILEO (Month, Day, Year) 32. REGISTRA	TO CONTRACTOR								



signed by the attending physician and completely filled in by the funeral director, page 5 should are more as the burial-transit permit. Pages 1, 2, 3 should		,
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should		we are injury or other traumatic event, the medical examiner must be notified at one
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STATE OF	MARYLAND /	DEPARTMENT	OF HEALTI	AND	MENTAL	HYGIENE
	CE	RTIFICATE	OF DEA	TH		REG. NO.

1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEPART CERTIFIC	MENT OF HE			YGIENE EG. NO.			
1. DECEDENT'S NAME (First, Middle, La WALTER LEWANDO					2. DATE OF D MONTH	DAY	YEAR	1:50 a	
4. SOCIAL SECURITY NUMBER 215 18 0942 9s. FACILITY NAME (If not institution, gi	1 🕅 M 2 🗆 F	71 YRS.	IF UNDER 1 YEAR WONTHS DAYS 9b. CITY, TOWN OR	HOURS MIN.	7. DATE OF B (Month, Day 6-13	19TH (1907)	8. BIRTNPL Country) MARY	ACE (State or Foreign	
VA MEDICAL CENTE			FORT H	OWARD		BALTIMORE			
MARYLAND B			TOWN OR LOCATION				1	Od. INSIDE CITY LIMITS? VES 2 NO	
100. STREET AND NUMBER 8229 PEACH ORCHA	RD ROAD		107, 3	21222		10g. CIT	USA	AT COUNTRY?	
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EX FORCES? 1 X IF YES, GIVE WAR	YES 2 NO	If yes, spec	NDENT OF NISPAN Ify Cuban, Mexica NO Specify	n, Puerto Rican	pecify Yea or No— i, etc.)	14. RACE - Black, V Specify: WHT	- American Indian, White, atc.	
15. DECEDENT'S E (Specify only highest gi Elementary/Secondary (0-12)	DUCATION	life. Do NOT use	ork done during most retired.)		16b. KIN	D OF BUSINESS/IN			
17. FATNER'S NAME (First, Middle, Last)		Meat	Manager	16. MOTHER'S NA	ME (First, Middle	a, Maiden Surname)	-		
FRANKLIN LEWAN 190. INFORMANT'S NAME (Type/Print)	DOWSKI	10h MAILING	Anness (Steet on		KANACK	T Sty or Yown, State, Zi	n Cadal		
CLINICAL RECORDS								WARD 2105	
20e, METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 F 4 Donation 6 Other (Specify)	lemoval from State	20b. PLACE OF DISPOSI	TION (Name of came	tery crematory or		20c. LOCATION -	City or Town	n, State	
1 X Burlel 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) 4 Donation 6 Other (Specify) 4 Donation 6 Other (Specify) 4 Donation 6 Other (Specify) 4 Donation 6 Other (Specify) 5 NAME AND ADDRESS OF FACILITY 6 CONNELLY FUNERAL HOME 6 SOLLERS PT RD & DELVALE AVE. 21222									
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	AS A CONSEQUENCE OF) AS A CONSEQUENCE OF)	:	JLAR DIS	FASE			Onset and Dea	
PART II. Other significant condi PERIPHERAL VASO DIABETES MELLI	CULAR DISEAS		the underlying	cause given in		. WAS AN AUTOPSY PERFORMED? YES 2 XNO	0	VERE AUTOPSY FINDING MAILABLE PRIOR TO OMPLETION OF CAUSE FF DEATH? YES 2 NO	
PERIPHERAL VASO DIABETES MELLIO CHRONIC OBSTRU	CULAR DISEAS IUS CTIVE PULMON	E	7		10	PERFORMED?	0	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PERIPHERAL VASO DIABETES MELLI	CULAR DISFAS	E ARY DISEASE	28. PLA	CE OF DEATH (Ch	eck only one)	PERFORMED? YES 2 XNO	0	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PERIPHERAL VASO DIABETES MELLI' CHRONIC OBSTRUCTOR TO MEDICAL EXAMINER?	CULAR DISEAS TUS CTIVE PULMON	ARY DISEASE	26. PLA OTHER: 4 Nursing Home OF 28c. INJU	CE OF DEATH (Ch 5 Residence RY AT K7	a □ Other (Sp	PERFORMED? YES 2 XNO	1	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PERIPHERAL VASO DIABETES MELLI CHRONIC OBSTRUCTION OF STRUCTURE STANDARD OF DEATH AND ADDRESS OF THE STRUCTURE OF DEATH AND ADDRESS OF THE STRUCTURE OF DEATH AND ADDRESS OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE STRUCTURE OF THE	CULAR DISFAS IUS CTTVF PULMON HOSPITAL: 1 X Inpetient 2 = EF 28s. DATE OF INI (Month, Dey.) 28s. PLACE OF INI building, stc.	ARY DISEASE /Outpetient 3 DOA URY 28b. TIME INJU JURY — At home, farm, st	26. PLJI OTHER: 4 Nursing Home OF 28c. INJU WOR	CE OF DEATH (Ch	a Other (Sp. 28d. DESCRIII	PERFORMED? YES 2 XNO Octiv)	1 CCURED	MAILABLE PRIOR TO YOMPLETION OF CAUSE OF DEATH! YES 2 NO	
PERIPHERAL VAS DIABETES MELLT CHRONIC OBSTRUI 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATN 1 X Natural 5 Pending Investigati 3 Suicide 6 Could not 4 Nomicide 6 Could not detarmine 29a. CERTIFIER (Check only 1 CERTIFVINO PR	CULAR DISFAS IUS CTTVF PULMON HOSPITAL: 1 X Inpetient 2 = EF 28s. DATE OF INI (Month, Dey.) 28s. PLACE OF INI building, stc.	ARY DISFASE (Voutpetient 3 DOA URY 26b. TIME INJU JURY At home, farm, st (Specify) knowledge, death occurred	26. PLA OTHER: 4 Nursing Home OF 28c. INJU WOR 1 YE reet, fectory, office	CE OF DEATH (Ch 5	a Other (Sp 28d. DESCRII 28f. LOCATIO City or 70	PERFORMED? YES 2 NO ecily) BE NOW INJURY OC N (Street and Number wm, Stelle)	CCURED or or Rural Root steed.	MAILABLE PRIOR TO COMPLETION OF CAUSE IF DEATH? YES 2 NO	
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Marin Control

BALTIMORE, MARYLAND TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.—Fours after death, Page 6 may be retained by the hospital TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

transit permit. Pages 1, 2, 3 should

BE COMPLETED BY PHYSICIAN: MEDI

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	FOR 1 - STATE REGISTRAR	STATE OF M	ARYLAND / DEPA CERTII		F HEALTH AN	D MENTA	L HYGIENI REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH	v ve		TIME OF DEATH
ľ	Gover	nour	P.	Lor	ng	wor.	8-4-90		^"	1:36AM ,
	4. SOCIAL SECURITY NUMBER 206 - 58 - 0544	5. SEX 1	6. AGE (In yrs. last birthday YRS.	MONTHS DA		18.8	OF BIRTH	8	BIRTHPLA Souply)	CE (State or Foreign
	9a. FACILITY NAME (If not institution, give str	reet and number)	020	96. CITY, TO	VN OR LOCATION O	F DEATH		9c. COUNTY	OF DEATI	H BC2
TOR	Johns Hopkins Hos	pital		Balt	cimore Ci	ity		_		
DIREC	10a, STATE 10b, COUNTY	Itim.	10c. C	ITY, TOWN OR LO	OCATION					I. INSIDE CITY LIMITS?
FUNERAL DIRECTOR	10% STREET AND NUMBER	Quest			10f. ZIP COOE	7		10g. CITIZEN	OF WHAT	COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W		If yes	DECENDENT OF HIS s, specify Cuban, Ma YES 2 NO SA	SPANIC ORIGI exican, Puerto pecify:	N? (Specify Yes Rican, atc.)	or No— 14.	RACE — Black, Wi	American Indian, hita, atc.
ETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Segondary (0-12)	CATION completed) College (1-4 or 5+	(Give kind o	'S USUAL OCCUI of work done during use retired.)	PATION g most of working	16	b. KIND OF BUS	INESS/INDUST	IRY	
MP	11 ch glade		Refreg	eule	n ser	uce				
BE COMPL	17 FATHER'S NAME (First, Middle, Last)	priest of	Jan		16. MOTHER'S	NAME (First)	Middle, Meiden	ster		
10 8	19a. INFORMANT'S NAME (Type/Print)	Doru	Ene 2/	A ADORES	ou wy fafon w B tema	ural Route Nur	DOK	n, State, ZIP Co	de) H	l.08094
	20a. METHOD OF DISPOSITION 1	oval from State	20b. PLACE OF OISP (other piece)	osition (Name of	Ceme	"teu	200,10	CATION City	or Town,	State 21202
	21, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAN	Release of	FACILITY	lexe	as i	20	k.
	23. PART I. Enter the diseases, of c shock, or heart failure. I IMMEDIATE CAUSE (Final	complications that List only one cau	coused the death. Do se on each line.	not enter the	mode of dying,	auch aa ce	rdiec or reapi	ratory arreat	,	Approximate Interval Between Onset and Dest
	disease or condition resulting in desth)	. Gunsho	t wound of	head						7.66
		DUE TO	(OR AS A CONSEQUENCE	OF):						
TION	Sequentially list conditions, If any, leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST	DUE TO	(OR AS A CONSEQUENCE	OF):						
CALC	PART II. Other significent condition	s contributing to	deeth but not resulting	g In the under	tylng ceuse give	n In Part I.	24a. WAS AN PERFOR		AM	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO

OF DEATH? XXYES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 | Inpatient 2 XXXI/Outpatient 3 | DOA XX YES 2 NO 26a. DATE OF INJURY (Month, Day, Year) 8-4-90 27. MANNER OF DEATH 28b. TIME OF INJURY 26c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED

1 Netural 1 YES XX NO AM Subject shot 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 34th Street.Baltimore, MD 6 Could not be 534 E. Homicide rear yard

NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27, (Type, Print))
FRANK PERETTI, MD 1111 Penn Street, Baltimore, MD 21201

29c. LICENSE NUMBER

VC

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TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, L			CERTIF	CALL	. VI DEA		REG. N	IU.			
Gv					-		2. DATE OF DEATH	DAY	VEAR	3. TIME OF DEATH	
	vendolyn	Ann	La	paglia	a		^{MONTH} 4−90	DAY	YEAR	2:11AM	м
4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (/	n yrs. last birthday)			ER 24 HRS.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign	,
218-82-5672	1 🗆 M 2 💢 F	2	8 YRS.	MONTHS	DAYS HOURS	MIN.	10-16-1	961	Cal	"ifornia	
Se. FACILITY NAME (If not institution,	give street and number)	800	5	9b. CITY,	TOWN OR LOCAT	TION OF DE		_	UNTY OF D		\neg
Pilot Motel		Hgwy		Ro	ssvill	.e		Bal	timor	ce County	_
10a. STATE 10b. CO			10c. Cl	TY, TOWN OF	R LOCATION					10d. INSIDE CITY	\neg
Md.	Baltimor	e		DUn	dalk,	Md.				LIMITS?	
10e. STREET AND NUMBER					10f. ZIP CO			10g. CI	TIZEN OF	VHAT COUNTRY?	
2122 Dundalk	AVe.				212	22		1	J.S.	Α.	_
11, MARITAL STATUS	12. WAS DECEDE	NT EVER IN	U.S. ARMED	13. V			C ORIGIN? (Specify				\dashv
1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? IF YES, GIVE	1 YES	2/1 NO	If		en, Mexican	, Puerto Rican, etc.)		Spec	*.	
15. DECEDENT'S (Specify only highest	EDUCATION		16e. DECEDENT			Ula n	16b. KIND OF	BUSINESS/II			\neg
Elementary/Secondary (0-12)	College (1-4 or 5	+)	ilfe. Do NOT	use retired.)	luring most of worl	ang					
High School	- Mary Coll		Sect.				CLeric	al			
17. FATHER'S NAME (First, Middle, Last)					18. MO	18. MOTHER'S NAME (First, Middle, Meiden Surname)					
Wallace Kis			Jo	Joan Gibbon							
19e. INFORMANT'S NAME (Type/Print)			19b. MAILIN	G ADDRESS	(Street end Numb	er or Rural R	oute Number, City or	Town, State, 2	(Ip Code)		
Wallace Kis	sell (Fa	ther) 1022	3 Co	pperda	le L	ane, Hou	ston	,Tex	as 7706	4
20a. METHOD OF DISPOSITION	(3.5.		PLACE OF DISPO					LOCATION -			
1 Burial 2 Cremation 3 4 Donation 5 Other (Specify)	Ramoval from Stata		Greenm					lto.			- 1
21, SIGNATURE OF KUNERAL SERVICE	E DOENSEE				NAME AND ADDR				,		\neg
	0/11	0		Br	adley-	Asht	on FUne				
" liter:	2 (()	1500		21	34 WI1	low	Spring	Rd.,	Dund	lalk,Md.	211
immediate Cause (Final disease or condition resulting in death)	aNARCOTIONE T	C, PH			AND COC	CAINE	INTOXICA	TION		interval Betw	
Sequentially list conditions, if any, leading to immediate	b	O (OR AS A	CONSEQUENCE	OF):							
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	d.	O (OR AS A	CONSEQUENCE	OF):							
CAUSE (Disesse or injury that initiated events	d				darlying cause	given in		AN AUTOPS FORMED? B 2 \(\square\) NO		b. WERE AUTOPSY FINDS MINLABLE PRIOR TO COMPLETION OF CAUS OF DEATH? XVEXYES 2 NO	
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CAUSE (Disease or injury that initiated events resulting in death) LAST	dtitiona contributing t			j in the un	26. PLACE OF			FORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
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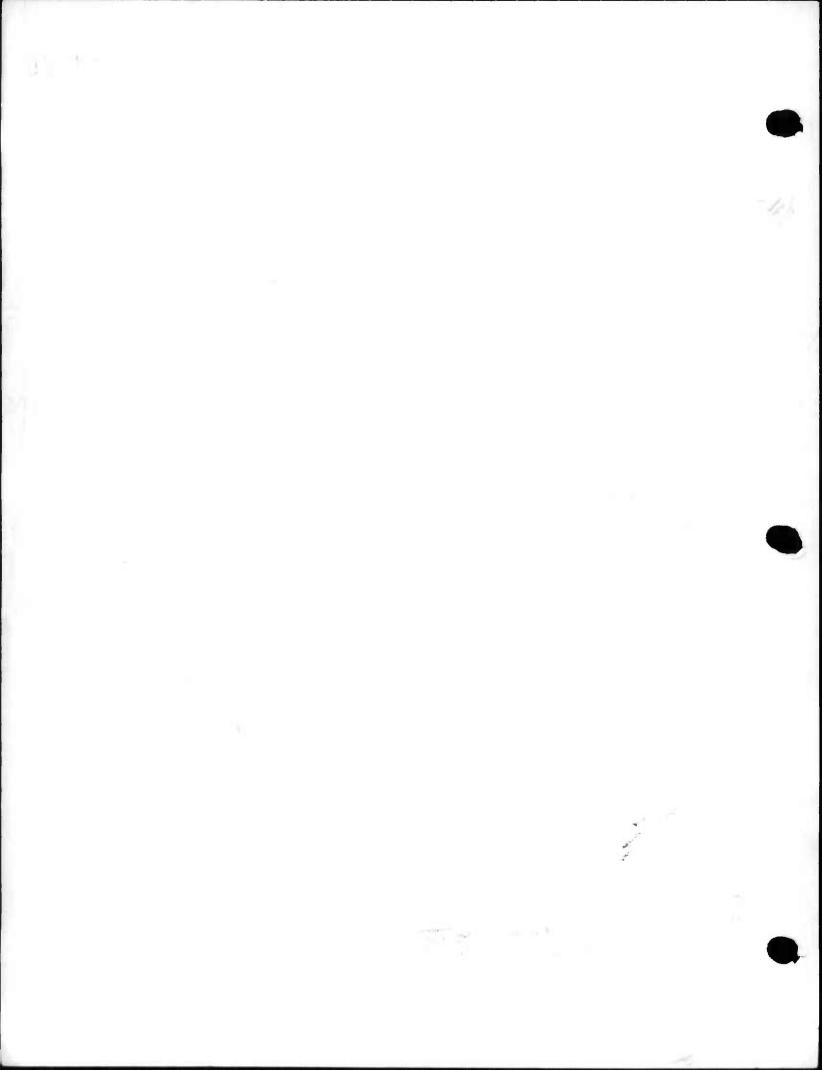
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2000/01 after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burla, cremation, or removal. IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the myedical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

DHMH-16 Rev 1/89



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral disease.	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must
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		LAND / DEPARTI CERTIFIC			REG. 1		
1. DECEDENT'S NAME (First, Middle, Li ROBERT	DANNY	MEARS			2. DATE OF DEATH MONTH	DAY	year 90 11:35 A
4. SOCIAL SECURITY NUMBER		(In 7s. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign Country)
215-78-9399	1 X M 2 PF 37	YRS.	ONTHS DAYS	HOURS MIN.	July 5.		Pennsulvania
e. FACILITY NAME (If not institution, g	live street and number)	9	b. CITY, TOWN C	OR LOCATION OF DE			TY OF DEATH
THE JOHNS HO	OPKINS HOSPITA	L	BAT.T	IMORE		BALT	IMORE CITY
RESIDENCE OF DECEDENT	T // p					TUALL	
Market 1 and	UNTY		town on Locat				10d. INSIDE CITY LIMITS? 1 YES 2 NO
Maryland		Dal				1	1 € YES 2 NO
10e. STREET AND NUMBER	P.O J		101	I. ZIP CODE			S. A.
5702 Loch Rave	12. WAS DECEDENT EVER		1 40 1100 0 001	21239	he carave a		
1 X Never Married 2 Married 3- Widowed 4 Divorced	FORCES? 1 YES	2 X NO	If yes, sp		VIC ORIGIN? (Specify in, Puerto Ricen, etc.) y:	Yes of No.	14. RACE — American Indian, Black, White, etc. Specify: Black
15. DECEDENT'S		18e. DECEDENT'S US	BUAL OCCUPATION	ON	16b. KIND OF	BUSINESS/INDU	ISTRY
(Specify only highest g Elementery/Secondary (0-12)	College (1-4 or 5 +)	##e. Do NOT use i					
Il I ed	College/Tech	. Compute	r Progr	lamer	Glea	ming Fl	eming
7. FATHER'S NAME (First, Middle, Last	0				ME (First, Middle, Mai		
James Thomas	Mears, Ir.			Rebec	ca Meams		
9a. INFORMANT'S NAME (Type/Print)	11				Route Number, City or		
Michael Mears		1312	Kenton	Road .	Baltimer	e_ Mari	<i>jland</i>
20a/METHOD OF DISPOSITION 1. ABurlel 2 Crems.lon 3 Disposition 8 Other (Specify)	Removal from State	other place of DISPOSIT other place) Cedar Hill	TION (Name of cea	metery, crematory or	20c.	LOCATION - C	indel Co. MD
23. PART I. Enter the difference.	Dr complications that caus	ed the deeth. Do not			Falls	Balte	
shock, or heart fall IMMEDIATE CAUSE (Finel disease Dr condition resulting in deeth)	s. Pul M. DUE TO (OR AS		Em bal	is			interval Betwee
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):	Hemol	ytz An	emia		life low tyen
CAUSE (Disease or injury that initiated events	d. Neph w	itic Syndu	one	-			IT year
CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Nephro	· · · · · · · · · · · · · · · · · · ·		ng cause given in	PER	S AN AUTOPSY FORMED? S 2 \(\text{NO} \)	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO
CAUSE (Disease or injury that initiated events resulting in death) LAST	d. Neghwo	· · · · · · · · · · · · · · · · · · ·	the underlyin		1 X YE	FORMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDIC. EXAMINER?	d. Neph wo	but not resulting in	28, P	LACE OF DEATH (C	1 YE	FORMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO	d. Nephro	but not resulting in	28, POTHER:	PLACE OF DEATH (C	neck only one) 6 Other (Specify)	FORMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 8 Pending	d. Neph wo. ditiona contributing to death AL HOSPITAL: 1 Ninpatient 2 ER/Os 28e. DATE OF INJUR (Month, Dey. Near, building, etc. (St.)	but not resulting in	28. POTHER: 4 Nursing Hor OF RY M 1	PLACE OF DEATH (Come 5	heck only one) 6 □ Other (Specify) 28d. DESCRIBE HO	S 2 NO	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant cond 2s. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 8 Pending Investiges 2 Accident Investiges 3 Suicide 8 Could not determine the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction of the conduction o	d. Nephro	but not resulting in utpetient 3 DOA 4 Y 28b. TIME INJUI	28. POTHER: 4 Nursing Hor OF 28c. IN. NY 1 1 rest, factory, office	PLACE OF DEATH (C) THE 5 Residence JURY AT ORK? YES 2 NO Ca a end place, and du	theck only one) 6 Other (Specify) 26d. DESCRIBE HO 26f. LOCATION (Sh. City or Yown, S	S 2 NO NO NO NO NO NO NO NO NO NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CURED OF Rural Route Number,

1361. 1.

	HEGISTRAH		CENT	FIGALE (T DEALH	HEG. NO).	
	1. DECEDENT'S NAME (First, Middle, Last	EXANDER MON	IROE			2. DATE OF DEATH	PAY iad	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER					7 00000	197	BIRTHPLACE (State or Foreign
			(In yrs. lest birthde	MONTHS DA		(Month, Day, Year)	1 500	BIRTHPLACE (State or Foreign Country)
	217-07-7812	1 🔀 M 2 🗆 F	77 YAS	3		8/25/19		N. Carolin
١	9a. FACILITY NAME (If not institution, give	etreet and number)		96. CITY, TO	WN OR LOCATION OF	DEATH	9c. COUNTY	OF DEATH
5 I	2727 Presbury	Street (Res.)	Ba	ltimore	City	Mary	land
5								
RECION	10a. STATE 10b. COUN	TY	10c.	CITY, TOWN OR L	DCATION			10d. INSIDE CITY LIMITS?
5	MARYLAND			BALTIM	ORE CIT	Y		1 XYES 2 NO
	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
	2727 PRESBURY	STREET			2121	6		USA
20	11. MARITAL STATUS	12. WAS DECEDENT EVER			DECENDENT OF HIS	PANIC ORIGIN? (Specify Y	e or No— 14.	RACE - American Indian,
	1 Never Married 2 Married	FORCES? 1 YES			s, specify Cuben, Me YES 2 SeNO Sp	xican, Puerto Rican, etc.) ec/lv:		Black, White, etc. Specify:
	3 Widowed 4 Divorced	00.1111-00.415-00.555			-			BLACK
1	15. DECEDENT'S ED			T'S USUAL OCCU		16b. KIND OF B	USINESS/INDUS	TRY
	(Specify only highest green (Specify only highest green (Specify Only)	College (1-4 or 5 +)	life. Do NO	of work done durin T use retired.)	g most of working			
	Lientenary (o la)	Comogo (1-4 or 0 v)	1					
COMPL	17. FATHER'S NAME (First, Middle, Last)				16 MOTHER'S	NAME (First, Middle, Maide	n Sumeme)	
· I	GEORGE MONE	OF				IIE B. BRC	,	
		XOE						
2	19a. INFORMANT'S NAME (Type/Print)	. =				irel Route Number, City or To		•
_	JUANITA MONRO	JE	272	/ PRES	BURY ST	REET BALT	O., M	D 21216
	20a. METHOD OF DISPOSITION 120 Burlal 2 Cremation 3 Re	manual from State	other place)	POSITION (Name	of cemetery, crematory	or 20c. L	OCATION — City	or Town, State
	4 Donation 5 Other (Specify)	moval from State	Sand I	Hill Ce	emetery	Bla	addenb	oro, N.C.
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	- 0	22. NAR	E AND ADDRESS OF	FACILITY		
	Not al mil	0111	1 150	T LE	ROY O.	DYETT & S	ON FU	NERAL HOME
	Derwy.	- () NU	U LL	46	00 LIBE	RTY HEIGH	TS AV	E 21207
	23. PART i. Enter the disease, shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)	a. Due to one as	each line			ut Flu		interval Bety
CERTIFICATION	Sequentielly list conditions, if any, lasding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B	A CONSEQUENCE	E OF):	- 8tr	oke		
-	PART II. Other significant conditi	one contributing to death	but not resulti	ng in the unde	riving cause-giver	in Part i. 24s. WAS A	N AUTOPSY	24b, WERE AUTOPSY FINDS
A		onic of	4	1	., July Guage gives		DRMED?	AMAILABLE PRIOR TO COMPLETION OF CAU
EDICAL	Conce	one Of	stru	LALVE	xuy	1 TYES	2 10	OF DEATH?
ME				heur	1			1 TYES 2 NO
				0				
SICIAN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH	(Check only one)		
S	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/O	rtpetient 3 🗆 DO	OTHER:	Home 6 - Reelder	nce 6 Cher (Specify)		
PHY	27. MANNER OF DEATH	28a. DATE OF INJUR	Y 28b.	TIME OF 28	c. INJURY AT	28d. DESCRIBE HOV	V INJURY OCCUI	RED
	Netural 5 Pending	(Month, Day, Year,)	INJURY M	WORK?			-
BY	2 Accident Investigation	28a. PLACE OF INJU	DV — At home to		_ /	26f. LOCATION (Street	ut and Mumber or	Primi Bouts Number
ED	3 Suicide 6 Could not b	building, etc. (St		m, acrost, ractory.	Office	City or Town, Sta		noral node nomber,
_								
2	29e. CERTIFIER Check only	YSICIAN: To the best of my know	owledge, death oc	curred at the time	, date and place, and	due to the cause(e) and m	nanner as stated	
COMPLE		ER: On the besie of examinat	tion and/or investi	gation, in my opin	lon, death occured a	the time, date and place,	and due to the	cause(e) and manner se stat
S								
9	29b. SIGNATURE AND TITLE OF CERTIF	1. 1	1 0	MD	29c. LICENSE	NUMBER	29d. DATE 8	HIGNED (Modth, Day, Year)
	(Jan.	w	>11/		13333		8/6/7
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	DEATH (ITEM 27)	-			910	1
	CHRYS	OLOCIN	E 6	FAK	UBA	MD.	ZKE	servou
- 1	31. DATE FILED (Month, Day, Year)	#2, REGISTRAR'S SI	GNATURE .	-		1		0.
	AUG 0 7 100	1 Jairidson	- Handell	•			-10	uill,

Dikesville 179
21208

BALTIMORE, MARYLAND 41203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

0.000

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trait be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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	4. SO 2. 9a. F/
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5	11. M. ₁ 3013
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BE COMPLETED BY FUNERAL	
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ш Ш	17, FA
00	19a. I
2	1
	20a. 1
	21. 3

FOR STATE REGISTRAR	STATE OF I) / DEPAR				MENTA	L HYGIENI REG. NO.	E		-105
1. DECEDENT'S NAME (First, Middle, Lest)	ginald	Α.	Mur	ray			MONT	of DEATH DA	Y YE	AR	:07AM M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	. last birthday)	IF UNDER 1		F UNDER 24 HRS.	7. DATE	OF BIRTH	8. E	_	CE (State or Foreign
214-64-0563	1 M 2 - F	35	YRS.	MONTHS	DAYS H	OURS MIN.		/15/5			LAND
Se. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, 1	TOWN OR	LOCATION OF D	EATH		9c. COUNTY	OF DEATH	1
St. Agnes Hospit	al			Ba	altim	ore Ci	ty				
10a. STATE 10b. COUNTY			10c, CIT	Y, TOWN OR	LOCATION	N			_	100	I. INSIDE CITY LIMITS?
MARYLAND			BAI	LTIMO	ORE	CITY				1 0	YES 2 NO
10e. STREET AND NUMBER	-				VV	IP CODE			10g. CITIZEN	OF WHAT	COUNTRY?
2233 ELLAMONT						21216			US.		
11. MARITAL STATUS 1 X Yever Married 2 Married	12. WAS DECEDED FORCES?	NT EVER IN U.S I YES 2 WAR OR DATES	ABMED	If.	yes, specif	DENT OF HISPA fy Cuban, Maxic NO Speci	en, Puerto			RACE — . Black, WI Specify:	American Indian, hita, etc.
3 Widowed 4 Divorced	11 123, 0112	INN ON DAILS			123 2	M HO Speci	7-				BLACK
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18a	. DECEDENT'S	work done du		of working	16	b. KIND OF BUS	INESS/INDUST	RY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT u	se retired.)							
17. FATHER'S NAME (First, Middle, Last)				_	L	IS. MOTHER'S N	115 (7)-4	Address Advisor	Company)		
HAROLD A. MUR	DΛV							MURRA			
19a. INFORMANT'S NAME (Type/Print)	MAI		19b. MAILING	3 ADDRESS	(Street and	Number or Rural				le)	
MARJORIE GLEN	N										MD 21216
20a. METHOD OF DISPOSITION		20b. PL	ACE OF DISPO			ery, cremetory or		_	CATION — City		
1 Donation 5 Other (Specify)	oval from State		er place) ETRO (CREMA	TOR	Y, INC	J	В	ALTIM	ORE	MARYLAN
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		1 1			ADDRESS OF F		6 00			
Merry	J. 104	hot	1			LIBERT					L HOME
23. PART I. Enter the diseases, or o	omplications th	at caused the	e desth. Do	not enter t	the mode	of dying, su	ch ae ce	rdisc or respi	ratory errest	,	Approximate
ehock, or heart failure. IMMEDIATE CAUSE (Fina)	List only one ca	dee on sech	line.								Onset and Death
disease or condition resulting in death)	Drowni	ng									
reading in ceatily	DUE TO	OR AS A CO	NSEQUENCE C	OF):							
Sequentially list conditions,	b										
If sny, leading to immediate cause. Enter UNDERLYING	DUE TO	O (OR AS A CO	NSEOUENCE C	DF):							
CAUSE (Disease or Injury that initiated events	cDUE TO	OR AS A CO	NSEQUENCE C	OF):							
resulting in deeth) LAST	4										
DACT II Other circlificant condition	o			le the cont	4	saves shown to	De d I	T	ALFERDAN		RE AUTOPSY FINDINGS
PART II. Other significent condition	s contributing to	o death but r	tot remulting	in the unc	derlying (ceuse given ii	Part I.	24a. WAS AN PERFOR		AM	AILABLE PRIOR TO MPLETION OF CAUSE
							_	XXXXXX 2	□ NO	OF	DEATH?
								1		XXO	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					26. PLA	CE OF DEATH (C	heck only	one)		L	
EXAMINER? 1 XFES 2 NO	HOSPITAL:	☐ ER/Outpetle	nt 3 🗆 DOA	OTHER 4 Num	1:	5 Residence		ner (Specify)	Swimn	nina	Pool
27. MANNER OF DEATH	280 DATE C	E IN ILIDY	20h Til	ME OF	28c. INJUF	TA YF	_	EŞCRIBE HOW I			
1 Netural 5 Pending	8-5-9	O FOUN	ID: 12	20AN	1 YE	s XX NO	Su	bject d	drowned	in in	swimming
3 Suicide 8 Could not be	28a. PLACE	OF INJURY -	At home, farm,	street, fecto	ory, office	_	28f. LC	CATION (Street by or Town, State)	and Number or i	Rural Flout	e Number,
4 Homicide determined		y oter (opcomy)	St	wimmir	ng po	ool				ad, Ba	altimore C
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS											
	- M			, at any of				and probe, at			
296. SIGNATURE AND THE OF CERTIFIE					[;	29c. LICENSE NI OCME			29d. DATE S	8-	5-90
30 NAME AND APORESS OF PERSON WI	IO COMPLETED CA	USE OF DEATH	({TEM 27) (Tvn	oe, Print)					<u> </u>		
FRANK PERETTI,				111 Pe	enn S	Street,	Balt	imore,	MD 2120	01	
31. DATE FILED (Month, Day, Year)	32. REGIST	RAR'S SHATU	DE O								
AUG 0 7 1990	32. BURGISTI	Joh-Navo	ADG.								

DHMH-18 Rev 1/89

Pages 1, 2, 3 should

	FOR	STATE OF I	MARYLAND /	DEPAR	TMENT O	E HEAL	TH AND I	MENTA	L HYGIEN	,	0 6	11334
	1 - STATE REGISTRAR		CI	EDTIE	CATE C	E DE		HEITIA	REG. NO.	U	JV1 -	Jew Via
	1. DECEDENT'S NAME (First, Middle, Lest) LORENA	MEAD	ORENA VI	RGINI	A MEAD	OWS		2. DATE	of DEATH	90	YEAR 3.	2325 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le:	st birthday)	IF UNDER 1 YE	AR IF U	NDER 24 HRS.		OF BIFTH th, Day, Year)		Country)	MCE (State or Foreign
	218-22-2996	1 M 2 X F	69	YRS.					5/1921			t Virginia
N N	9a. FACILITY NAME (If not institution, give s Harbor Hospita						re Cit			9c. COUN	N/A	н
בֿ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,		T toe CIT	Y. TOWN OR L	OCATION					10	d. INSIDE CITY
DIRECTOR	Maryland N/A				timore	Cit	• •	ırtis	s Bay)		1]	LIMITS?
FUNERAL	10a. STREET AND NUMBER 3902 Fairhaver	Avenue,				10f, ZIP (21226				ZEN OF WHA USA	T COUNTRY?
5	11. MARITAL STATUS		T EVER IN U.S. AF				NT OF HISPAN Cuben, Mexico		N? (Specify Yes Rican, etc.)	or No-	14. RACE — Black, W	American Indian, hifa, etc.
B	1 Never Married 2 Married 3 Wildowed 4 Divorced		MAR OR DATES				NO Specify				Specify:	White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		(0	Give kind of	USUAL OCCUI	PATION g most of w	rorking	168	b. KINO OF BUS	INESS/IND	USTRY	
Ę	Elamentary/Secondary (0-12)	College (1-4 or 5	+)	sewit					Homema	lean		
M	6th 17. FATHER'S NAME (First, Middle, Last)		Jnou	Sewii	е	18. 1	MOTHER'S NA	ME (First	Homema		-	
	Charles		Hivel	V			Bessie		Gansko		ivelv	
BE	19a. INFORMANT'S NAME (Type/Print)		15	Db. MAILING		net and Nu	mber or Rural I	Route Nurr	nber, City or Town	, State, Zip	Code)	
입		Meadows						Balt	timore,			
	20a. METHOD OF DISPOSITION 1X Burlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	ovel from State	Mead	OWTIC	smon (Name of	oria	1 Park	<	Elkr	idge	, Mar	
	21. SIGNATURE OF FUNERAL SERVICE LI	Ke Ke	evin E.	Ecker	22. NAM MCC 237	ully F	Funer Patans	ral H	Home of	Bro	oklyn Md	. 21225
	23. PART I. Enter the diseases, or											Approximate
	shock, or heart failure. IMMEDIATE CAUSE (Finel	List only one ca				0001	1001		100	~		Onset and Death
	disease or condition resulting in death)	a.				10/4)	TIZY		ARR	6>1		-
_		DOE 10	O (OR AS A CONSE	EGOENCE	r-):							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSE	EOUENCE C	F):							
5	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c. DUE TO	OR AS A CONSE	EQUENCE O	F):							
E	resulting in deeth) LAST	d.										
2	PART II. Other significent condition		a duath hut aut		In the sender	dulas ass	es ches la	Don't I	24s. WAS AN	ALITODON	1 045 141	ERE AUTOPSY FINDINGS
S	PART II. Other significent condition	is contributing t	o deem but not	resulting	in the thice	iying cac	isa given iii	rant i.	PERFOR	MED?	AV	MILABLE PRIOR TO OMPLETION OF CAUSE
									1 🗆 YES 2	NO		F DEATH?
Σ											'	. 123 2
AN	25. WAS CASE REFERRED TO MEDICAL					26. PLACE	OF OEATH (Ch	heck only o	one)			
SIC	1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER:	Home 5	☐ Residence	6 🗆 Oth	ner (Specify)			
PHYSICIAN: MEDICA	27. MANNER OF DEATH	28a. DATE C (Month,	F INJURY Day, Year)	26b. Til	JURY	c. INJURY WORK?		28d. DE	ESCRIBE HOW I	NJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation	200 DI ACE	OF BUILDING AA I				2 NO	207.10	CATION (Street a	and Alexandra	a on Privat Day	to Mumber
ED	3 Suicide 6 Could not be 4 Homicide detarmined	building	OF INJURY — At h g, etc. (Specify)	rome, rerm,	acreet, ractory,	Office			y or Town, State)		r or norar nou	te reunioes,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	SICIAN: To the best of	The second second						- 1			nd manner as stated.
BE CC	296. SIGNATURE AND TITLE OF CERTIFIE	5	ZRR	00)		290	LICENSE NU	MBER 700	4	29d. DAT	E SIGNED (M	fonth, Day, Year)
2	30. NAME AND APPESS OF PERSON W	O COMPLETED CA	USE OF DEATH UT	EM 27) (Typ	e, Print)	2	0		/			
	h	Har	los He	m	res (سال	14	-				

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permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21203 nours after death. Page 6 may be retained by the hospital or atti TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Thous after death. Page 6 may be retained by the hospital or atting TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

10

Robert B. Kroopnick,

AUG 0 7 1990

32 REGISTRAR'S SIGNATURE
Sula Davidson Randelle

FOR STATE REGISTRAR		STATE OF N	MARYLAND A			F HEALTH		MENTA	L HYGIEN	_		6.10	50
1. DECEDENT'S NAME (First	, Middle, Last)								OF DEATH			3. TIME OF DEAT	ГН
BESSIE	MAY	Mc	LAUGHLIN	J				AUGU		199	O O	2150) M
4. SOCIAL SECURITY NUMB		6. SEX	6. AGE (In yrs. la	77	IF UNDER 1 YE		R 24 HRS.		OF BIRTN		B. BIRTN Countr	PLACE (State or Fo	oreign
086-12-9	210	1 🗆 M 2 🏋 F	93	YRS.	ONTHS DA	rs HOURS	MIN.	May	9 18	397		w Jers	ey
So. FACILITY NAME (IF not In	Conv	treet end number)	at Cen	yer	96. CITY, TOY	TOF	TION OF C	DEATN		9c. COUNT		Arundo	15
RESIDENCE OF DEC	10b. COUNTY	1		10c. CITY.	TOWN OR LE	CATION						10d. INSIDE CITY	,
Maryland	Anne	Arundel			n Bur							LIMITS?	
10e. STREET AND NUMBER		Ardider		Gre	n bur	101. ZIP COI	DE		_	10o. CITIZI	EN OF W	HAT COUNTRY?	NO
58 Glen Ric	dae Co	urt Ant	B3			210	16.1						
11. MARITAL STATUS	ige co	12. WAS DECEDEN		RMED	13. WAS	210		NIC ORIGI	N? (Specify Yes	US.		- American Indi	en.
1 X Never Married 2	Merried	FORCES? 1	YES 2	NO	If you	yes 2 X No	en, Mexic	en, Puerto			Black	, White, etc.	
3 Widowed 4 Divo	prood	IF TES, GIVE V	MR OR DATES		1 ''	TES 2 M NO	Spec	ту:			Speci	White	
15, DEC	EDENT'S EDU	CATION	16a. D	ECEDENT'S U	SUAL OCCUI	PATION a most of work	dana	168	. KIND OF BU	SINESS/INDU	STRY		
Elementary/Secondary (I		College (1-4 or 5	86	. Do NOT use	retired.)	y most of work	ung						
12th		2 years	N	ursin	g			Н	ospita	1s &	Clir	nics	
17. FATNER'S NAME (First, M	fiddle, Last)					18. MO	TNER'S N	AME (First,	Middle, Maiden	Sumame)			
John		McI	Laughlin			Mar	y J	Jane	Donna	n			
190. INFORMANT'S NAME (Type/Print)		15	b. MAILING	ADDRESS (Str	eet and Numb	er or Rura	l Route Num	nber, City or Tow	m, State, Zip (Code)		
Mary H. H	lackmar	1	8	5 A	Janel:	ln Dri	ve,	Gle	n Burn	ie, l	Mary	land 21	061
20a. METHOD OF DISPOSIT 1 Description 5 Other	on 3 🗆 Rem	oval from State	other p	face)	matory	f cemetery, cri 7	emetory or			timor		_{wn, State} Maryland	4
23. PART I. Enter the debook, or h IMMEDIATE CAUSE (Fit disease or condition resulting in deeth)	liseases, project fellure.	complications the List only one cer	SOK (e. 2	SINO 1 SI ot enter the		FUN AVE.	NERAL S.W	. GLE			MD 21 Approximinterval B Onset sn	ists letween
		DUE TO	(OR AS A CONSE	OUENCE OF									
Sequentielly list condit	ions.	" R5	SUCK	041	5								
if any, leading to imme	diete	DUE TO	(OR AS A CONSE	OUENCE OF)	:								
cause, Enter UNDERLY CAUSE (Disesse or Inju		c	(OR AS A CONSE	OUENCE OF									
that initiated eventa resulting in death) LAS	T .	DUE 10	(On AS A CONSE	OUENCE OF	•								
	-	d										-	
PART II. Other significa	ent condition	s contributing to	death but not	resulting in	the under	lying cause	given i	n Part i.	24a. WAS AN		24b	WERE AUTOPSY F	
0500	000	2090	15.						1 TYES			COMPLETION OF OF GEATH?	
Maln	2100	20200	\sim .									1 YES 2	NO
25. WAS CASE REFERRED T	O MEDICAL				2	6. PLACE OF	DEATH (Check only o	ine)				
EXAMINER?		HOSPITAL:	ER/Outpatient		OTHER:	Nome 5 🗆 I	Residence	6 🗆 Oth	er (Specify)				
27. MANNER OF DEATN		28a. DATE OF		28b. TIME	OF 280	INJURY AT		_	SCRIBE NOW	INJURY OCC	URED		
	Pending Investigation	(Month, E	Asy, Tear)	INJU		WORK?	□ NO						
2 Accident 3 Suicide 6	Could not be		F INJURY - At h	ome, farm, st	reet, factory,	office			CATION (Street		or Rural I	Route Number,	
4 Homicide	determined	building	etc. (Specify)					Ch	or Town, State)			
enel ciny		ICIAN: To the best of										and manner as	nteled
29b. SIGNATURE AND TITLE													
0.04	P. I.					296. 0	CENSE N	C D		ZVG. DATE	D)	(Month, Day, Year)	
30. NAME AND AGORESS O	F PERSON WH	IO COMPLETED CALL	SE OF DEATH AT	EM 27) (Type	Print)	1/2,	()	1-7			01	6170	
			wertitt jill	- I tilhot									

94 Aquahart Road, Glen Burnie, Maryland 21061

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White Tourselvens I make no

BALTIMORE, MARYLAND 21203

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-mours after death. Page 6 may be retained by the hospital or THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be field within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

۱.	FOR STATE REGISTRAR	STATE OF	MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1.	DECEDENT'S NAME (First, Middle, Lest)	RVIS	DAVID HENRY MERVIS	2. DATE OF DEATH MONTH DAY

REGISTRAR			ENTITIO	AILO	1 DEAL		REG. NO.			
1. DECEDENT'S NAME (First, Middle,	MERVIS	DAVII	HENRY	MERV	/IS	1	DATE OF DEATH	9	VEAD	ME OF DEATH
4. SOCIAL SECURITY NUMBER 214-03-3867	5. SEX 1 M 2 F	6. AGE (In yrs. In:		UNDER 1 YEA		0.000	DATE OF BIRTH (Month, Day, Year) APR. 25, 19		Country)	E (State or Foreign YLAND
9e. FACILITY NAME (If not institution	give street end number)		96	city, tow	N OR LOCATIO				Y OF DEATH	ELD, EVD
UNIVERSITY HOS					BALTIM	ORE				
	OUNTY		10c. CITY, T	OWN OR LO	CATION				10d.	INSIDE CITY
MARYLAND	BALTIMORE	Ξ		ESSEX					1 🗓	YES 2 NO
100. STREET AND NUMBER 221 ANTIETAM F	D.				10f. ZIP CODE	21221			en of what (SA	COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 X	RMED NO	If yes,		, Mexican, P	ORIGIN? (Specify Yea uerto Rican, etc.)	or No-	14. RACE — Ar Black, Whit Specify: W	
15. DECEDENT (Specify only highes	t grade completed)	(5	ECEDENT'S US Give kind of work e. Do NOT use re	done during	ATION most of working	7	16b. KIND OF BUS	SINESS/INDU	ISTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	SALE				BORD	EN'S	ICE CR	EAM
17. FATHER'B NAME (First, Middle, Li					18. MOTH	ER'S NAME	(First, Middle, Malden	Surname)		
EBER ABRAM 190. INFORMANT'S NAME (Typo/Prin	MERVIS	14	DE MAN INC AT	ODESS (SIM	at and Number		FADER Number, City or Tow	rn State 7in /	Codel	
MRS. HELEN MER					M RD.			21211	0000)	}
20a, METHOD OF DISPOSITION 1 X Burlel 2 Cremettor 3 1 4 Donation 5 Open (Specific	Removal from State	other p	OF DISPOSITI	ON (Name of	cemetery, crem	atory or	20c. LO	SEDALI	ity or Town, B	tate
21, SIGNATURE OF POMERAL SERV				22. NAMI	E AND ADDRES	S OF FACILI			1100	
1/m/	James		_				OWN RD.			21215
IMMEDIATE CAUSE (Finel disease or condition reaulting in deeth) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in deeth) LAST	b. Non DUE TO C. End oue TO	OR AS A CONSI	EQUENCE OF):	d sy per	Indian dent	ne :	2° to Fa	lla	L. S. THE M.	Onset and Death 8 DAYS YEARS
PART II. Other algnificent co	aditions contribution to	death but not		Abo conded		due a la De	rt I. 24a, WAS AN	LAUTORAY	Tour wen	E AUTOPSY FINOINGS
Age	editions contributing to	destri but not	resulting in	the under	ying couse g		PERFO	RMED?	COM OF E	LABLE PRIOR TO PLETION OF CAUSE MEATH? YES 2 1 NO
25. WAS CASE REFERRED TO MED					8. PLACE OF D	EATH (Check	only one)			
EXAMINER?	HOSPITAL:	☐ ER/Outpatient		THER:	Home 5 🗆 Re	sidence 6	Other (Specify)			
27. MANNER OF DEATH	9 フェイ	FINJURY Day, Year) ULY 90	26b. TIME (TY	INJURY AT WORK?	2 1 NO	FELL OU	NJURY OCC	AIRS,	BROKESUBLI
2 Accident Investi 3 Suicide 6 Could 4 Homicide determ	not be 28e. PLACE (OF INJURY — At I , etc. (Specify)	HOM.	-	office	-	City or Town, State)	0. 110.010	Number, Itimore C
CONSTRUCTION OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF TH	PHYSICIAN: To the best of XAMINER: On the basis of a									menner se stated.
29b. BIGNATURE AND TITLE OF CO	Bargain	nin D	>.0.		29c. LICE	ENSE NUMBI	R	29d. DATE	SIGNEO (Mor	th, Day, Year)
30. NAME AND ADDRESS OF PERS	BARGAINN	ISE OF OEATH (IT	EM 27) (Type, P	s Hoc	KTRA	UMAC	ENTER MI	INERS	CEN	MARYLAND
31. DATE FILED (Month, Day, Year) AUG 0 7	990 Julia Sau	AR'S SIGNATURE	delle.				B	ALTIM	ORE M	Ď

a Plant of opening

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wirthin 2-mounts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, if be fined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF N		MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH
	MARCELL	A A. MILLER		August 2, 1990	11:15 D.M
. 1	4. SOCIAL SECURITY NUMBER 5. SEX		UNDER 1 YEAR IF UNDER 24 HRS.	7 DATE OF BIRTH	B. BIRTHPLACE (State or Foreign Country)
V	215-10-1891 1 M 2 X F	/6 YRS.	D. CITY, TOWN OR LOCATION OF DE	Jan. 24, 1914	Maryland
(ء	Good Samaritan Hospital	36	Baltimore City		ITY OF DEATH
2	RESIDENCE OF DECEDENT		Darcimore City		
DIREC	Maryland 106. COUNTY	10c. CITY, T	own or Location Baltimore City	,	10d. INSIDE CITY LIMITS? 1 ☑ YES 2 ☐ NO
FUNERAL	10e. STREET AND NUMBER 3313 Rueckert Aven	IIA	101. ZIP CODE 2121		ted States
Z I		T EVER IN U.S. ARMED			14. RACE — American Indian,
	1 Never Married 2 Married FORCES? 1	YES 2 NO	If yes, specify Cuban, Maxica 1 YES 2 X NO Specify	n, Puerto Rican, etc.)	Black, White, atc.
B	3 ☑ Widowed 4 □ Divorced	NI ON DATES	TE TES EX NO Specific	·	White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US (Give kind of work	k done during most of working	16b. KINO OF BUSINESS/IND	USTRY
	Elementary/Secondary (0-12) College (1-4 or 5	He. Do NOT use n	etired.)		
MP	12 Yrs.	Ret. Balt	. City School S		
8	17. FATHER'S NAME (First, Middle, Last)			Mic (First, Middle, Malden Surname)	-1
	Christopher	Sortino			Blasi
2	19a: INFORMANT'S NAME (Type/Print) Arlene M. Glomp		Old Fallston Ro	Route Number, City or Yown, State, Zip I. Fallston, Mo	
	20a. METHOD OF DISPOSITION 1 Method 2 Cremetion 3 Removal from State	other place)	ON (Name of cemetery, crematory or	20c. LOCATION — C	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSE	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	Redeemer 8/6/9		re Maryland
	milton Mil	on J Knight	Leonard J. Ru	ick, Inc.	
٦	23. PART i. Enter the diseases, or complications the	it caused the deeth. Do not		Rd., Balto., M	
	shock, or heart fallure. List only one can immediate CAUSE (Finel disease or condition resulting in death)	ise on each line.	ial Inferi	, ,	interval Between Onset and Death
_	DUE YO	(OR AS A CONSEQUENCE OF):	•		
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	(OR AS A CONSEQUENCE OF):			
TEC	CAUSE (Disease or injury	(OR AS A CONSEQUENCE OF):			
SEH.	d				
MEDICAL (PART II. Other algnificant conditions contributing to	death but not resulting in	the underlying ceuse given in	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
					1 TYES 2 NO
N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF OEATH (Ch	eck anly one)	
S	EXAMINER? 1 YES 2 NO 1 Inputient 2		OTHER: Nursing Home 5 Residence	8 Other (Specify)	
PHYSICIAN:	27. MANNER OF DEATH 28a. DATE Of (Month, I) Watural 5 Pending			28d, DESCRIBE HOW INJURY OCC	CURED
TED BY		OF INJURY — At home, farm, atre, atc. (Specify)	eet, factory, offica	281. LOCATION (Street and Number City or Town, State)	or Rural Route Number,
COMPLETED	29a, CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the bes				
BE	296. SIGNATURE AND TITLE OF CERTIFIER)	29c. LICENSE NU	. 0	E SIGNED (Month, Day, Year) -390
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAN Robert E. Stoner, M.D., 1			506. Towson. M	d. 21204

32. REGISTRAR'S SIGNATURE

1 M _ 1 1 1

BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within burs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely liked in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept, of Health and Memtal Hygiene prior to burial, cremation, or removal.	IMPORTANT: It leem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
3146,	cuted within	d completely urial, cremati	ilc event, ti
30X 1	cate be exe	hysician an a prior to b	er traumal
P.O.	eath certifi	attending patent	y, or other
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	s that the de	ned by the	any injur
REC(w require	been signification but, of Hea	3 shows
VITAL	AN: The k	tificate has e State De	r Item 2
1 OF	S PHYSICI	or this cer	arked, c
/ISION	ATTENDING	ECTOR; After s after deal	1 28 ls m
ā	PITAL OR	RAL DIRE	F. It item
	THE HOS	THE FUNE	ORTAN

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR DECEDENT'S NAME (First, Middle, Last	1	CI						2 DATE	OF DEATH			3. TIME OF DEA
DEGEDENT S NAME (1 1151, MIDDIO, 1231			-	_1				MONT	H I	DAY	YEAR	J. TIME OF DE
BABY BOY		MATTHEV		1		-	_			9	70	7
SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. les		7		IF UNDER	24 NRS.		OF BIRTH		8. BIRT	HPLACE (State or F try)
	125 M 2 □ F		YRS.	2	14			5	5 9	B	17	RRYL
FACILITY NAME (If not Institution, give					TOWN OR	LOCATI	ON OF DE	ATH		9c. COL	UNTY OF	DEATH
MY WIRRAI.	NETON	A DIM	-ov	1000	1	RAI	50	M 01	26		_	-
SIDENCE OF DECEDENT	-610N	LAINI	RM	KO		2/36	-1/1	701	4	1		
. STATE 10b. COUN	TY		10c. CI	TY, TOWN OF	R LOCATIO	ON						10d. INSIDE CIT
MARVIES				BAL	5007	200	06					LIMITS?
STREET AND NUMBER				011-				_		1		YES 2
						ZIP COD				10g. Ct	TIZEN OF	WHAT COUNTRY?
904 Duncan S	t.				2	212	13				05	
MARITAL STATUS		IT EVER IN U.S. AF		13. W	WAS DECEN	NDENT C	F HISPAN	IC ORIGIN	? (Specify Y	or No-	14. RAC	E — American Ind
Never Merried 2 Merried		MAR OR DATES	NO		yes, speci				Rican, atc.)		Spec	ck, White, atc.
☐ Widowed 4 ☐ Divorced	11 120, 0112	ani on bales			_ 160 s	, no	Specify				Spec	City.
15, DECEDENT'S ED	UCATION	16e, DE	ECEDENT'	S USUAL OC	CUPATION	1		16h	KIND OF B	JSINESS/IN	IDUSTRY	
(Specify only highest grad		(G	ive kind of	work done du	luring most	of working	ng	1.00				
Elementary/Secondary (0-12)	College (1-4 or 5	+)		N.								
FATHER'S NAME (First, Middle, Last)						18. MOT			Middle, Maide			
-	•				- 1	1	DAT	TRI	CIA		MI	ATHO
. INFORMANT'S NAME (Type/Print)		19	b. MAILIN	G ADDRESS	(Street end	d Number						
Patricia Mat	thews			Dunca								213
	CIICMS						_	. C.L.III			_	
METHOD OF DISPOSITION Buriel 2 Cremetion 3 Re	movel from State	20b. PLACE other pi	OF DISPO	OSITION (Nam	ne of ceme	Mery, cren	natory or		20c. L	OCATION -	- City or T	lown, State
Donation 6 Other (Specify)		_										
SIGNATURE OF FUNERAL SERVICE	ICENSEE /	1				ADDRE	SS OF FA	CILITY				
				22. N	NAME AND	ADDITE	00 01 174	CILITY				
1	11/1	-							Boar	a b	a 1 + c	5 M d
shock, or haert failure IMEDIATE CAUSE (Final	complications the	at coused the duse on each line	-3,- eath. Do	90 St	tate	e of dy	nato	h sa can	diac or rea	piratory a		Approximinterval I
shock, or heart failure IMEDIATE CAUSE (Final sense or condition	a. List only one car	at coused the deuse on each line	let	not anter t	tate	e of dy	nato	h sa can		piratory a		Approxin
3. PART I. Enter the diseases, or shock, or heart failure and the sease or condition suiting in deeth) equentielly list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury	a. Due 10	O (OR AS A CONSE	OUENCE	S 1 not enter t	tate	e of dy	nato	h sa can	diac or rea	piratory a		Approxin
shock, or heert failure immediate CAUSE (Final sease or condition sulting in deeth) equentially list conditions, any, leading to immediate nues. Enter UNDERLYING AUSE (Disease or injury et initiated events	a. Due 10	USE ON EACH III	OUENCE	S 1 not enter t	tate	e of dy	nato	h sa can	diac or rea	piratory a		Approxin
shock, or heert failure immediate CAUSE (Final sease or condition sulting in deeth) equentially list conditions, any, leading to immediate nues. Enter UNDERLYING AUSE (Disease or injury et initiated events	a. Due 10	O (OR AS A CONSE	OUENCE	S 1 not enter t	tate	e of dy	nato	h sa can	diac or rea	piratory a		Approxin
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TO BE COMPLETED BY FUNERAL DIRECTOR

1. DECEDENT'S NAME (First, Middle, Last			,	Took	: _				2. DATE	OF DEATH	NY	YEAR	3. TIME OF DEATH
	tty Jan			Nesb.					8-	2-90			2:59PM M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. last		IF UNDE	R 1 YEAR	HOURE	MIN.	7. DATE (Month	OF BIRTH Day, Year) 1 11,		Count	
179-20-6722	1 □ M 2 ★★F	63		YRS.					Jun	e 11,	1927	Pe	nnsylvania
9s. FACILITY NAME (If not institution, give					9b. CIT	Y, TOWN			EATH			INTY OF E	
Peninsula Gener	ral Hospi	tal				Sal	isbu	ry			Wic	omic	o County
10s. STATE 10b. COUN	TY			10c, CITY	Y. TOWN	OR LOCAT	TION						10d, INSIDE CITY
Pennsylvania						lsvi					\sim		LIMITS?
10e. STREET AND NUMBER						10	. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
119 York St	treet						173	68				U.S	.A.
11. MARITAL STATUS	12. WAS DECEDER FORCES?	T EVER IN	U.S. ARI	MED	13					? (Specify Yes Ricen, etc.)	or No—	14. RAC Blac	E — American Indian, ck, White, atc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DAT	TES	•		1 TYES	2 X NO	Specif		treatt, atter,		Spec	
15. DECEDENT'S ED (Specify only highest gra-			18a. DE0	CEDENT'S	USUAL (OCCUPATIO	ON net of worki	Ina	18b	KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	Me.	Do NOT us	e retired.)							
12			Bear	utic	ian	Shop	Own	er		Betty	's B	eaut	y Shoppe
17. FATHER'S NAME (First, Middle, Last)							18. MOT	HER'S NA	ME (First, I	Middle, Maiden	Surname)		
Charles	H.		And	ersor	n			An	nie		Rup	pert	
19s. INFORMANT'S NAME (Type/Print)			19t	. MAILING	ADDRE	SS (Street	and Numbe	r or Rural	Route Numi	ber, Cify or Tow	n, State, Zi	p Code)	
Cocklin Funeral	Home			30 N	. Ch	estn	ut S	tree	t, D	illsbu	rg,	Pa.	17019
20s. METHOD OF DISPOSITION 1 N Burisi 2 Cremation 3 Re	moval from State		other pie										own, Stats
4 Donation 5 Other (Specify)		_ Wa	rri	ngtor		iend			-6-9	0 We	llsv	ille	, Pa.
		0	^							al Wom	о т	na	
► Wallace	S. Bro	055,	In	4	ĺ	1050	York	Roa	d, T	al Homowson,	Md.	212	04
23. PART I. Enter the diseesea, o ahock, or heart fallure					not ente	er the mo	ode of dy	ing, auc	h aa can	diac or reap	iratory a	rreat,	Approximate interval Between
IMMEDIATE CAUSE (Finel													Onset and Death
disease or condition resulting in death)	aCARDIA	C ARI	RHYT	HMTA									
,		OR AS A											
	b												
Sequantially list conditions, if eny, laeding to immediate	DUE TO	O (OR AS A	CONSEC	DUENCE OF	F):								
cause. Enter UNDERLYING CAUSE (Disesas or Injury	c												
that initieted events	DUE TO	OR AS A	CONSEC	DUENCE OF	F):								
resulting in death) LAST	d												
PART II. Other significant conditi	ons contributing to	n death hi	rt not r	eaulting	In the I	underlyld	o ceuse	alven In	Part I	24a, WAS AN	ALITOPSY	24	b. WERE AUTOPSY FINDINGS
							g cours	3.101111		PERFO	RMED?	- -	AMILABLE PRIOR TO COMPLETION DF CAUSE
									—	XXX YES	NO 🗌 S		OF DEATH?
									_				YES 2 NO
25. WAS CASE REFERRED TO MEDICAL						00 =	LACE OF	DEATH #0	heck only o				
EXAMINER?	HOSPITAL:	NEW .			ОТН	ER:							
YXYES 2 □ NO	1 - Inpatient 2		itlent 3	7		-		Residence	8 🗆 Othe				
27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE O (Month,	Day, Year)		28b. TIM	JURY M	W	JURY AT ORK?		28d. DE	SCRIBE HOW	INJURY O	CCURED	
2 Accident investigation							YES 2	∐ NO	—				
3 Suicide 8 Could not b		of Injury , etc. (Speci	— At ho	ms, farm,	atreet, fo	ectory, offi	CS			or Town, State		er or Rurai	Route Number,
29e. CERTIFIER	VOICIAN, To the territory	4	. 4	-11-					4. 45				
(Check only	YSICIAN: To the best of	1					0.000						(s) and manner as stated.
^		1	androv	veeti ya tii	ven 101	opinion,				and place, a			Samuel - Available
696. SIGNATURE AND TITLE OF CERTIF	W 7	1 1	1	. 1				CENSE NU	IMBER		29d. DA		D (Month, Day, Year)
- 15 A / 11 A / A / 4 / 4 / 4 / 4 / 4 / 4 / 4 / 4 /	/ V/V	1 1	1	Sec. of				Y ME				- 9	-3-90

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the kineral director, page 5 should be detached for use as the burial important; if liem 28 is marked. An item 29 should be detached for use as the burial important; if liem 28 is marked. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

MARIO F.

31. DATE PARED (Manth, Day, 1644 - - AUG 0 17 1990

GOLLE,

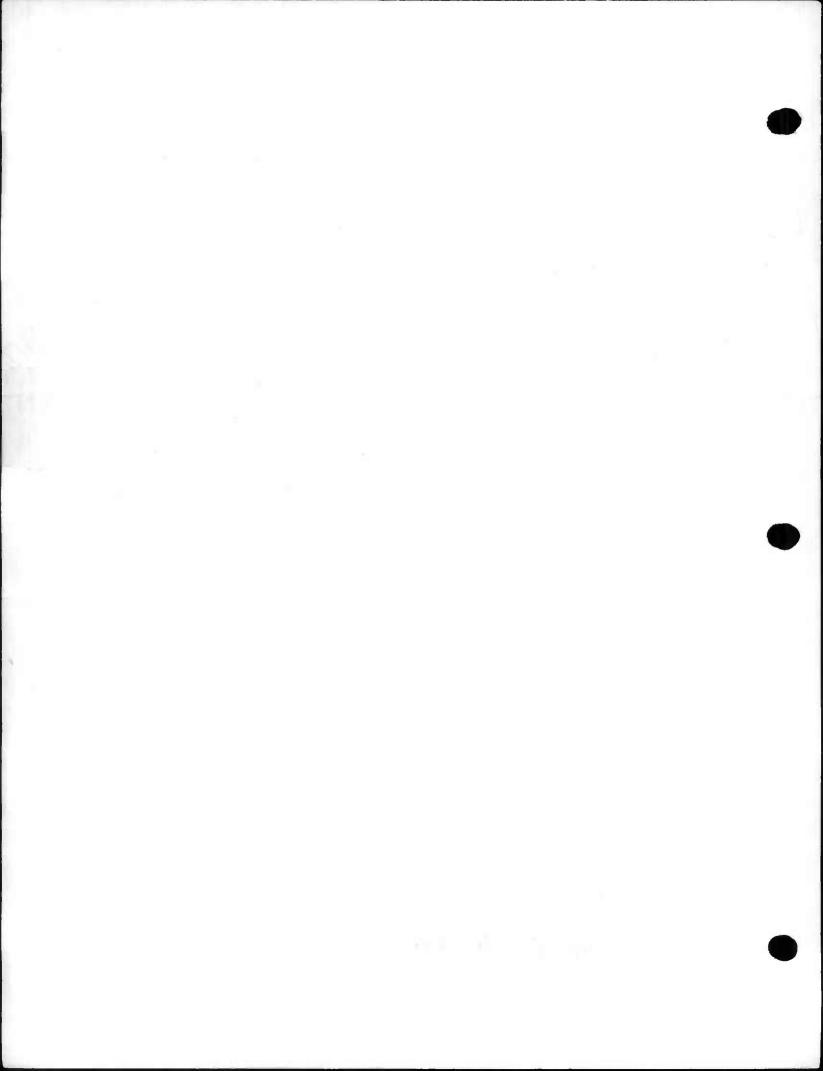
JR.,MD

REGISTRAR'S SIGNATURE

DHMH-t8 Rev 1/89

VC

111 Penn Street, Baltimore, Md 21201



BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

permit. Pages 1, 2, 3 should

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

$\overline{}$	1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO		
- 8	1. DECFDENTYS NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
Ì	EDWARD	STANLEY		OSMANSK	Т	AUGUST 4	1990	17 0 1
	4. SOCIAL SECURITY NUMBER		NGE (In yrs. leat birthday)		IF UNDER 24 HRS.	7. DATE OF BIRTH	,	ITHPLACE (State or Foreign
	218 - 01 - 5031	100	7.5 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Cox	intry)
			75					nnsylvania
.	9e. FACILITY NAME (If not institution, give a				OR LOCATION OF E		9c. COUNTY OF	
DIRECTOR	Harbor Hospital (Jenter		Baltim	ore City		Baltin	nore City
5	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY		Ballia.					
뷘				TY, TOWN OR LOCA	ITION			10d. INSIDE CITY LIMITS7
		Arundel	L1	nthicum				1 TES 2 XXNO
4	10e. STREET AND NUMBER			16	H. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
FUNEHAL	419 Kingwood Road	1			21090		U.S.	.A.
5	11. MARITAL STATUS	12. WAS DECEDENT EV				NIC ORIGIN? (Specify Ye	s or No- 14. R	ACE — American Indien,
	1 Never Merried 2 X Merried	FORCES? 1 X			pecify Cuben, Mexic S 2 X NO Speci	an, Puerto Rican, atc.)	7.53	ack, White, etc.
2	3 Widowed 4 Divorced	Korean	on on Es	1	S Z M INO Speci	·y.	34	worldy: White
<u> </u>	15. DECEDENT'S EDU	CATION	16a. DECEDENT	S USUAL OCCUPAT	ION	16b. KIND OF BU	SINESS/INDUSTRY	
=	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5 +)	(Give kind of	work done during nue retired.)	ost of working			
2	8th.	NONE	Mail	Carrier	•	II C	Post Off	100
COMPLEIED	17. FATHER'S NAME (First, Middle, Leat)	NONE	Hall	Dalliel	16 MOTHER'S N	AME (First, Middle, Maider		TCE
	Thomas Adam	n	Osmanski		Victor			INKNOWN
	19a. INFORMANT'S NAME (Type/Print)	-						
2		0 11				Route Number, City or Tox		
	Mrs. Dorothy R.	Osmanski				Inthicum, 1		
	20a. METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 Rem	noval from State	20b. PLACE OF DISPO				CATION — City of	1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,
- 1	4 Donation 5 🕅 Other (Specify) _E]	ntombment	Meadowri	ige Memo	rial Par	K ET	kridge,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22. NAME /	ND ADDRESS OF F	neral Home		
- 1	PR Home	2/-6-					n Rurni	e, Md. 21061
	20 2027	1 lagran	Zar					
	23. PART i. Enter the diseeses, or ahock, or heert fellure.	List galy one couse	on each line.	not enter the in	ode or dying, su	cn ee cerdiec or resp	errest,	Approximate interval Between
- 1	IMMEDIATE CAUSE (Finel		1		1.	4		Onset and Death
	disease or condition reaulting in death)	. Cerebra	ovascul	AR +	tech de	~		
- [PUE TO (OR	AS A CONSEQUENCE	OF):				
zΙ	Sequentially list conditions,	a Cen	MAL	10	non			
HIFICATION	if any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE	OF):				
3	CAUSE (Disease or injury	c						
=	thet initiated events	DUE TO (OR	AS A CONSEQUENCE	OF):				
Ē	resulting in deeth) LAST	d						
3	DATE II Other significant condition		Ab b. A - A	. In the constant				
4	PART II. Other algorificent condition	ns contributing to dea	ith but not resulting	in the underlyi	ng cause given ii		RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
₹ I						1 _ YES	2 KHO	OMPLETION OF CAUSE OF DEATH?
M							/ \	1 TES 2 NO
						_		
5 1	25. WAS CASE REFERRED TO MEDICAL			26. 1	PLACE OF DEATH (C	heck only one)		
<u> </u>	EXAMINER?	HOSPITAL:	/Outpetlent 3 🗆 DOA	OTHER:	me 5 - Beeldenes	6 Other (Specify)		
25		1 Innetlent 2 FR					INJURY OCCURED	
TASICIA	1 YES 2 NO	1 ☐ Inpetient 2 ☐ ER	URY 285. TI	MEOF I28c.II	IJURY AT			
PHYSICIAN:	1 YES 2 NO	26e. DATE OF INJI (Month, Day, X	URY 26b. Ti	JURY W	JURY AT ORK?	28d. DESCRIBE HOW		
	1	26e. DATE OF INJI (Month, Day, Y	bar) II	M 1	YES 2 NO		and thumber as Du	
ā	1	26e. DATE OF INJI (Month, Day, Y	JURY — At home, farm	M 1	YES 2 NO	281. LOCATION (Street City or Town, State		
ā	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	26e. DATE OF INJI (Month, Day, Y	JURY — At home, farm	M 1	YES 2 NO	28f. LOCATION (Street		
ā	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. DATE OF INJI (Month, Day, Y	JURY — At home, farm (Specify)	M 1	YES 2 NO	281. LOCATION (Street City or Town, State)	
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	FOR STATE REGISTRAR	STATE OF MARY			F HEALTH AND OF DEATH	MENTAL	REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last) $FLOYD$		PARKEI	?		2. DATE MONTH	OF DEATH I D/	ž	YEAR 90	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 216-24-5322 9a. FACILITY NAME (If not institution, give s	1	60 YRS.	MONTHS DA		(Month	DE BIRTH , Day, Year) 2 16		Country	Md		
TOR	ST. JOSEPH H	OSPITAL		BALI	TIMORE CO) <u>.</u>						
DIRECTOR	10e. STATE 10b. COUNT			ry, town on L						10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
	10e. STREET AND NUMBER	D 1			101. ZIP CODE			123		HAT COUNTRY?		
BY FUNERAL	2930 Fairview 11. MARITAL STATUS 1 Never Merried 2XXX Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OR	S 2 NO	If ye	21207 DECENDENT OF HISPAI s, specify Cuben, Mexics YES 2 NO Specific					- American Indian, White, etc.		
COMPLETED	(Specify only highest grade (Specify only highest grade Elementary/Secondary (0-12) 12 th		mpleted) (Give kind of work done during most of work									
BE CO	17. FATHER'S NAME (First, Middle, Last) William Cox		18. MOTHER'S NAME (First, Middle, Mary Johnson									
5	190. INFORMANT'S NAME (Typo/Print) Edna Parker		196. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stein, Zip Code) 2930 Fairview Road Baltimore, Md 21207									
	294/METHOD OF DISPOSITION **VABuriel 2	noval from State	other place Gar	rison	Forest Vet	t		ngs N				
	21, SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Shompson Ja WM. C. MARCH F. H. 43						WAB	ASH AVE.		
CERTIFICATION	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. ASCV TO OR AS	S A CONSEQUENCE	nsequence of: nsequence of:					Interval Onset si			
PHYSICIAN: MEDICAL CE	PART II. Other significant condition	ns contributing to death	n but not resulting	In the unda	rlying cause given in	Part I.	24e. WAS AN PERFO 1 YES	RMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. PLACE OF DEATH (C	heck only or	10)		_			
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BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yea	1)	M	WORK?		-1457/3037					
	3 Suicide 8 Could not be determined	28s. PLACE OF INJU building, atc. (S	JRY — At home, farm pecify)	, atreet, factory.	office		ATION (Street or Town, State		or Rural F	loute Number,		
COMPLETED	torious oray	SICIAN: To the best of my kn) and manner ee stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	11/80	29c, LICENSE NI DA 12					SE NUMBER 29d. DATE SIGNED (Month, Day, Year) \$\int S - S - G - G - G - G - G - G - G - G -				
F	30. NAME AND ABORESS OF PERSON W	HO COMPLETED CAUSE OF	BOLCE	in E	of B	ALT	to 1	IK	2	1206		
	31. DATE FILED (Month, Day, Year)	Turis Devidoon - 1	and the									

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ISI	ATTEN	CTOR:	28 1
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within extended within the Hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hospital or attending and the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burner be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MARYLAND /		OF HEALTH AND		YGIENE EG. NO.	30 21602
	1. DECEDENT'S NAME (First, Middle, Last)	JORMA H. PUL	KKA		2. DATE OF D	EATH DAY 5	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-09-0787	5. SEX 8. AGE (in yrs. les	YRS. IF UNDER	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	July	1910 a. 4, 1910	BIRTHPLACE (State or Foreign Country) Finland
OR	9a. FACILITY NAME (If not institution, give s UNION MEMORIAL HO			BALTIMORE (9c. COUNTY	OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY Maryland Bal	timore	10c. CITY, TOWN O	imore			10d. INSIDE CITY LIMITS? 1 YES 2XX NO
RAL	100. STREET AND NUMBER 1102 Litchfield		<u> </u>	101. ZIP CODE 2123	9	10g. CITIZEN	OF WHAT COUNTRY?
BYFUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 [X YES 2] IF YES, GIVE WAR OR DATES		VAS DECENDENT OF HISP yes, specify Cuben, Maxi	can, Puerto Rican	pecify Yes or No- 14.	RACE — American Indian, Black, While, etc. Specify:
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12)	CATION 16a. DE (G	CCEDENT'S USUAL OC live kind of work done of Do NOT use retired.) Postal (luring most of working	16b. KIN	Railwa	THY
BE CON	17. FATHER'S NAME (First, Middle, Lest) Olaf Pulkka				name (First, Middle a Moilar	a, Malden Surname) TEN	
TO B	19a. INFORMANT'S NAME (Type/Print) Nelma M. Pulkka			(Street and Number or Run ofield Rd.			21239
	20a. METHOD OF DISPOSITION 1 Burlal 2 \(\hat{D}\) Cremation 3 \(\hat{Ram}\) Ram 4 \(\hat{D}\) Donetion 5 \(\hat{D}\) Other (Specify)	oval from Stata 20b. PLACE other pl	lace)	ne of cometery, cremetory of Cemetery	*	Baltimo	
	21. SIGNATURE OF NUMERIAL SERVICE LIN	Bungar. Jr	22.	Mitchell-W 6500 York	iedefel		
	IMMEDIATE CAUSE (Final	complications that caused the de Liet only one cause on each line a. + torsales d	le po	the mode of dying, so	uch aa cerdiac	or reapiratory arread	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE		ulas ta	chyca	rd far	
PHYSICIAN: MEDICAL CEI	PART II. Other algorificant condition AMT 1980 three vessel ejection from	disease	reculting in the ur		1	. WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
YSICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpetient		ling Home 5 - Raeldens	ce 6 🗆 Other (Sp		
BY	27. MANNER OF DEATH 1 Matural 5 Pending investigation 2 Accident investigation 3 Suicide 6 Could not be detarmined	28a. PLACE OF INJURY (Month, Dey. Year) 28a. PLACE OF INJURY — AI he building, etc. (Specify)	28b. TIME OF INJURY M ome, farm, street, fact	28c. INJURY AT WORK? 1 YES 2 NO	28f. LOCATIO	BE HOW INJURY OCCUP IN (Street and Number or wn, State)	
COMPLETED	29a. CERTIFIER (Check only	SICIAN: To the best of my knowledge, de ER: On the best of exemination and/or					
TO BE C	29b. SIGNATURE AND TIPLE OF CHITIFIE	MD		29c, LICENSE I	NUMBER	29d. DATE S	SIGNED (Day, Year)
Ĭ	30. NAME AND ADDRESS OF PERSON WI	NO COMPLETED CAUSE OF DEATH (ITE	EM 27) (Type, Print) Ral	+ MI)	2(2	2(8	7
	AUC 7 1000 A	di Favilor Bordell					DHMH-18 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely miled in by the funeral director, page 5 should be detache the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT; if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

AUG 7 1990

				**		2. DATE OF DEATH			3. TIME OF DEATH
George Nelson	Packard					MONTH - DA	×3 -	90	10:25 a.m
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Count	IPLACE (State or Foreign
079-09-6315 A.	1 및 M 2 □ F	79	YRS.	MONTHS DAYS	HOURS MIN.	6-16-11			consin
9a. FACILITY NAME (If not institution, give s				9b. CITY, TOWN	OR LOCATION OF D	EATH		INTY OF D	
Edenwald Nursing	Home			Towson	1		Ba	ltim	ore County
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	1		10c. CIT	r, TOWN OR LOCA	TION				10d, INSIDE CITY
Maryland Balt	imore Co	unty	_	wson					LIMITS?
10e. STREET AND NUMBER			1	10	of, ZIP CODE		10g. CI	TIZEN OF V	WHAT COUNTRY?
800 Southerly Ro	ad Apt.	# 914		0.0	21204			U.S	.A.
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED			NIC ORIGIN? (Specify Yes	or No-	14. RAC	E — American Indian,
1 Never Married 2 1 Married		YES 24	-₹MO		pecify Cuben, Maxica S 2 ☑NO Specif	in, Puarto Rican, atc.) y:		Spec	k, White, etc.
3 Widowed 4 Divorced									"y: White
15. DECEDENT'S EDU- (Specify only highest grade	cation completed)		DECEDENT'S (Give kind of v life. Do NOT us	USUAL OCCUPAT	ION lost of working	18b. KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	5+years	+)	Engine			А,Т &	т		
17. FATHER'S NAME (First, Middle, Last)	Jiyears		THETH	SGT	10 MOTHER'S NA	ME (First, Middle, Maiden		_	
Horace Nelson Pa	ckard					. Marian Ti			
19a. INFORMANT'S NAME (Type/Print)	01.02 0		19b. MAILING	ADDRESS (Street		Route Number, City or Tow			
Muriel W. Packar	d					t.914 Tows			21204
20e. METHOD OF DISPOSITION		20b. PLAC	CE OF DISPOS		emetery, crematory or			- City or To	
1 Burial 2X Cremation 3 Ram 4 Donation Other (Specific)	oval from Stata	_ Gre	en Moi	unt Ceme	etery	Ba	1tim	ore,	Maryland
21. SIGNATURE OF FUNDAL SURVICE LA	\$ 4	1				defeld Hom			
John G. Reit	z					., Baltimo			land 21212
23. PART I. Enter the discoses, or ahock, or heart failure.				not antar the m	oda of dying, suc	th as cardiac or reapi	ratory a	rreat,	Approximata Interval Between
IMMEDIATE CAUSE (Finel	14/10	. 1	-	1					Onset and Death
resulting in death)	1 C	OR AS A COM	SEQUENCE D	rpre	5500		^	_	
/	OUE TO	(ON AS A COM	SECULINGE OF	1/	· ses a	bi-t	2-6	7	
Sequentially list conditions,	b. OUE TO	(OR AS A CON	SEQUENCE OF		mu y	post	ory		
If any, leading to immediate cause. Enter UNDERLYING	17/17/17	V. 1911 1911 1911 1911 1911 1911 1911 19		25	U				
CAUSE (Disease or Injury	DUE TO	(OR AS A CON	SEQUENCE O	F):					
that initiated events									
	et.						AI MODO		b. WERE AUTOPSY FINOINGS
that initiated events resulting in death) LAST	d	dooth but no	d manufalme	la the sendents	na acusa aluma la	Dord I DA- MOD AN	AUTUPST	24	
that initiated events	d	deeth but no	t reaulting	In the underlyi	ng cause given ir	Part I. 24e. WAS AN PERFOR			AVAILABLE PRIOR TO
that initiated events resulting in death) LAST	d	deeth but no	t reaulting	in the underlyi	ng cause given in		RMEO?		
that initiated events resulting in death) LAST	d.	deeth but no	ot reaulting	in the underlyi	ng cause given in	PERFOR	RMEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
PART II. Other eignificant condition	d.	o deeth but no	ot reaulting			PERFOR	RMEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other eignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			28. ОТН Б А:	PLACE OF DEATH (C	PERFOR	RMEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 70	HOSPITAL:	□ ER/Outpetlant	3 🗆 DOA	28. OTHER: 4 Dursing Ho	PLACE OF DEATH (C	PERFOR 1 VES 2 (and the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of	RMEO?	CCURED	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algnificant condition 2s. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 - YES 2 - NO 27. MANNER OF JEARH 1 Natural S Pending	HOSPITAL: 1 Inpatient 2	□ ER/Outpetlant	3 DOA	28. OTHEA: 4 Duraing Ho	PLACE OF DEATH (C	PERFOR	RMEO?	CCURED	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 -YES 2 - NO 27. MANNER OF JEATH 1 Natural 8 - Pending 2 - Accident Investigation	HOSPITAL: 1 Inpetiant 2 28a. DATE 0 (Month, i	☐ ER/Outpetlant F INJURY Dey, Year) DF INJURY — At	3 DOA	28. OTHEA: 4 Duraing Ho	PLACE OF DEATH (Come 5 Realdenca	PERFOR 1 VES 2 heck only one) 8 Other (Specify) 28d. DE\$CRIBE HOW (28f. LOCATION (Street	NJURY O		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other algnificant condition 2s. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 - YES 2 - NO 27. MANNER OF JEATH 1 Natural 8 - Pending	HOSPITAL: 1 Inpetiant 2 28a. DATE 0 (Month, i	□ ER/Outpetlant F INJURY Day, Year)	3 DOA	28. OTHER: 4 Unursing He	PLACE OF DEATH (Come 5 Realdenca	PERFOR 1 YES 2 neck only one) S □ Other (Specify) 28d. DESCRIBE HOW I	NJURY O		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

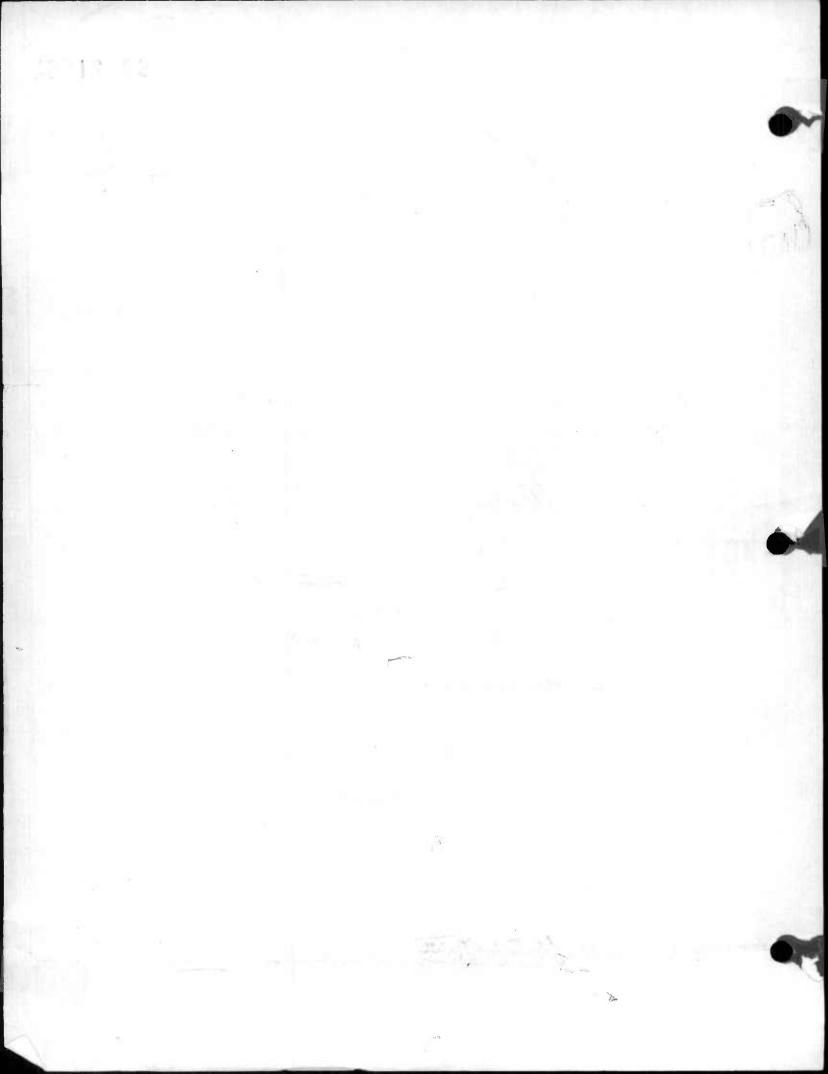
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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within recurs after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be		IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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with	nplete	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	vent,
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	1 - STATE REGISTRAR		CE	RTIF	ICATE OF	DEA	ГН	REG	NO.		
	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM A. M	LOGERS						2. DATE OF DEAT	DAY	YEAR	3. TIME OF DEATH
			AGE (In yrs lest	birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIFT	5	90	IPLACE (State or Foreign
	217-12-3944 1	M 2 F	64	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Ye		Count	MA
	9a. FACILITY NAME (If not institution, give street	and number)			9b. CITY, TOWN	OR LOCATI	ON OF DE			UNTY OF D	EATH
OR	Loch Raven VA Med	lical Cen	nter		BALTIN	10RE					
DIRECTOR	RESIDENCE OF DECEDENT 10a. BTATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY
DIR	MD			Ba	ltimore						LIMITS?
MI	10e. STREET AND NUMBER	01			10	I. ZIP COD	E		10g. Cf	TIZEN OF	WHAT COUNTRY?
FUNERAL	3908 Rokeby					21	22	9	(1.5	SA
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X	YES 2 N		If yes, sp	ecify Cuba	n, Maxica	NC ORIGIN? (Speci in, Puerto Ricen, etc y:	ly Yea or No— :.)	14. RACI Blac Spec	E — American Indian, k, Whita, etc.
0	15. DECEDENT'S EDUCATION (Specify only highest grade com-	ON plated)	16a, DEC	EDENT'S	USUAL OCCUPATION	ON		16b. KIND O	F BUSINESS/IN	DUSTRY	Officer
COMPLET	Elementary/Secondary (0-12) Co	Me.	Do NOT u	retired.)		ng					
MP			Du.	Driver							
	17. FATHER'B NAME (First, Middle, Last)					16. MOT		ME (First, Middle, M.	eiden Surname)	-61.	
BE	19a. INFORMANT'S NAME (Typ) Print)	Cr	19b.	MAILING	ADDRESS (Street a	and Number		Route Number, City of	Y Town State 2	In Code	n
5	Evelyn Rocers		ي ا	390	08 Rok	ohu	1	20 1	Balto	141	21229
	20a, METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Removal	Irom State	20b. PLACE C	F DISPO	BITION (Name of con	netery, crem	natory or	20	c. LOCATION -	- City or To	ovrt, Blate
	4 Donation 6 Other (Specify)			7	HISOn	tol	RIT	-va (wing	MI	1/s, red
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Marc	1		Gaz	190	SS OF FA	H. WE	st A	lue,	
	23. PART I. Enter the diaseas, or companies, or heart fellure. List	plications that ca	used the dee	th. Do i	not enter the mo	de of dy	ing, suc	h se cardiac or i	respiratory s	rrest,	Approximats
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	528	needed!								Onset and Death
			AS A CONSEQ		F):		- ,	71.			
ON	Sequentially list conditions, b		SPIRA AS A CONSECU		Cy Age	The same	<i>t</i>	FALLUN	2		
ATI	If any, leading to immediate cause. Enter UNDERLYING		27/AC								
CERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (OR	AS A CONSEQU	UENCE O	F):						
ERT	resulting in death) LAST	Au	rafic	ENC	EPHALO	PAT	17				
_	PART II. Other algoriticant conditions co	ontributing to dea	ath but not re	aulting	In the underlying	g cause s	given in	Part I. 24s. W	S AN AUTOPS	246	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	DIFFUSE LASE	WLAN	DISEA	155					RFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME											OF DEATH?
ä											
<u>S</u>		OSPITAL:			26. PI	ACE OF O	EATH (Ch	eck only one)			
HYS	1 YES 2 NO	Inpatient 2 ER		26b. TIM			rsidence	6 Other (Specify 28d. DESCRIBE H		COURED	
	1 Natural 6 Pending	(Month, Day, Y		IN.	URY WO	PRK?	NO	20d. DESCRIBE N	OW INJURY O	CCORED	
TED BY	Accident Investigation Suicide Could not be determined	28e. PLACE OF IN building, etc.	IJURY — At horr (Specify)	ne, farm,	street, factory, offic	•		281. LOCATION (S City or Town,	treet and Numb State)	er or Rural I	Route Number,
J.E	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, deta and place, and due to the cause(s) and manner as stated.										
COMPLET	(Check only one) 2 MEDICAL EXAMINER: O										and menner as stated.
	296. SIGNATURE AND THILE OF CENTIFIER	1					ENSE NUA				(Month, Day, Year)
TO BE	1/we H.	li- mis	Phy	77					>	81	3/40.
	30. NAME AND ADDRESS OF PERSON WHO CO										

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AND 21203-3146

BALTIMORE, M



TO BE COMPLETED BY FUNERAL DIRECTOR

	1 - STATE REGISTRAR			CERTIF	ICATE			H	ENIA	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)								2. DATE	OF DEATH			3. TIME OF DEATH
	EDWARD	(NMN)			RE	ILLY			AUGU		19	90	5:15 P.M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yr	s. last birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH		e. BIRTH	PLACE (State or Foreign
	098-05-5257	1 XM 2 - F	8	2 YRS.	MONTHS	DAYS	HOURS	MIN.	JAN	.8,1908	3	IRE	LAND
	9a. FACILITY NAME (If not institution, give stre	et and number)			9b. CITY	, TOWH O	R LOCATIO	N OF DEA	TH		9c. COUN	TY OF D	EATH
S.	19 IVY LANE				GL	EN B	URNIE	E]	ANN	IE A	RUNDEL
5	RESIDENCE OF DECEDENT			Lacon									
DIRECTOR	10e. STATE 10b. COUNTY	ARUNDEL			TEN								10d. INSIDE CITY LIMITS?
	MARYLAND ANNE	AKUNDEL		<u> </u>	LEN		ZIP CODE				40- 0171	TEN OF N	1 YES 2 X NO
RA	19 IVY LANE					101.	ZIP CODE	2106	in.			I.S.	
FUNERAL	19 IVI LANE	12. WAS DECEDEN	T EVER IN II							N2 (Specify Yea	0.00.000		
	1 Never Married 2 Married	FORCES? 1	YES 2	X NO		If yes, spe		, Mexican.	, Puerto	Rican, atc.)	0.10-	Black	, White, etc.
B	3 Widowed 4 Divorced	IF TES, GIVE W	AN ON DATE	•		1 YES	2 (<u>M</u> NO	эрвину.			_	Speci	WHITE
6	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION ATION	16	e. DECEDENT'S	USUAL O	CCUPATIO	N et of workin	a	168	. KIND OF BUS	INESS/IND	USTRY	
Ē	Elementary/Secondary (0-12)	College (1-4 or 5 +		(Give kind of Ille. Do NOT o		adming mo	or or worming					_	
MP	12 th 4		SUPERV	ISOR					SPERRY)		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					200		IE (First,	Middle, Maiden S		- 7		
BE		EILLY						ARY			ARRO1		
0	19a. INFORMANT'S NAME (Type/Print)	T T 37		1000						nber, City or Town		_	
T 3	MR. KEVIN J. REI		I		VY L			: -	CNIL	, MD.	2106		
	20a, METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Remo	val from Stata	ot	ACE OF DISPO							CATION —		
	4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICI	INSFE	_ ME	ADOWRI			KIAL ID ADDRES			I EL	KRIDO	<u> ;Е. </u>	MD.
	20 H	0/1.			1	Trame A	ID ADDITE	, or 1, no		INGLET	ON FI	JNER.	AL HOME
	1. Hange	4 yoken	~		1	SEC	OND A	AVE.	S.W	. GLE	N BUI	RNIE	MD 21061
	23. PART I. Enter the discess, pr ci shock, or heart failure. L				not ante	r the mo	de of dyl	ng, such	aa car	rdiac or reapli	ratory sri	est,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition			Respiratory Failure						P			Onset and Desth
	resulting in death)		100 10 1 0	L	LPE	10	r	00		_			
		DUE 10	(OH AS A CL	CONSEQUENCE OF:					oug	-			
CERTIFICATION	Sequentially list conditions,	DUE TO	(OR AS A CO	NSEQUENCE	Miles I	400	-0		_	L.			
SAT	If sny, leading to immediate cause. Enter UNDERLYING			(Pan	ulo	200	son	Ra	er Acc	ed	ent	<
Ĕ	CAUSE (Disease or Injury that Initiated events	DUE TO	(OR AS A CO	DNSEOUENCE	OF):		-						
H	resulting in death) LAST												
	DATE II CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED IN THE CALLED I												
		contributing to	death but	not resulting	In the u	ndarivin	n causa c	alven in i	Part I.	24s. WAS AN	AUTOPSY	248	WERE AUTOPSY FINDINGS
CA	PART II. Other significant conditions	contributing to	death but	not resulting	In the u	ndariyin	g cause (given in i	Part I.	24a. WAS AN PERFOR	MED?	241	. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE
EDICAL	Hyle	contributing to	death but	not resulting	In the u	ndariyin	g cause ç	given in i	Part I.		MED?	246	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	PARI II. Other significant conditions	contributing to	death but	not resulting	In the u	ndariyin	g cause ç	given in i	Part I.	PERFOR	MED?	246	AVAILABLE PRIOR TO COMPLETION OF CAUSE
AN: MEDICAL	- Hyle	contributing to	death but	not resulting	In the u				-	PERFOR	MED?	246	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ	26. PI	LACE OF D	EATH (Che	ock only o	PERFOR 1 YES 2	MED?	246	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
HYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL	HOSPITAL: 1 Inpatient 2 28s. DATE OF	ER/Outpatk	ent 3 🗆 DOA	OTHE 4 Nu	26. PI R: rsing Hon 28c. IN.	LACE OF D	EATH (Che	ock only o	PERFOR	MED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Y PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2000 27. MANNER OF DEATH 1 Statural 5 Pending	HOSPITAL:	ER/Outpatk	ent 3 🗆 DOA	OTHE 4 □ Nu	26. PI FR: rrsing Hon 28c. IN.	LACE OF D	EATH (Che	ock only o	PERFOR 1 YES 2 Done) Der (Specify)	MED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
B	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES	HOSPITAL: 1 Inpetient 2 28s. DATE OF (Month, L) 28s. PLACE OF	ER/Outpetk FINJURY Ay, Ybar) OF INJURY —	ent 3 DOA	OTHE 4 Nu ME OF JURY	26. PI FI: rrsing Hon 28c. IN. WC 1	LACE OF D	EATH (Che	6 Oth	PERFOR 1 YES 2 Done) Per (Specify) ESCRIBE HOW II	MED?	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
B	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 28s. DATE OF (Month, L) 28s. PLACE OF	ER/Outpetk	ent 3 DOA	OTHE 4 Nu ME OF JURY	26. PI FI: rrsing Hon 28c. IN. WC 1	LACE OF D	EATH (Che	6 Oth	PERFORM 1 YES 2 Done) Nor (Specify) ESCRIBE HOW II	MED?	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
B	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 700 27. MANNER OF DEATH 1 Sentural 5 Pending Investigation 3 Suicide 6 Could not be determined 29s. CERTIFIER 1 OFFITIEVING PRYSIS	HOSPITAL: 1 Inpatient 2 26e. DATE OF (Month, L) 26e. PLACE C building,	ER/Outpatile FINJURY ay, Year) OF INJURY — etc. (Specify)	ant 3 DOA 28b. Ti	OTHE 4 Nu ME OF IJURY M , street, fac	28. PI FR: Irising Hon 28c. IN. WC 1	LACE OF D 10 5 Q Re PURY AT 10RK? YES 2	EATH (Che	28d. Di	PERFOR 1 YES 2 Ner (Specify) ESCRIBE HOW if	NO NJURY OC	CURED or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
B	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 200 27. MANNER OF DEATH 1 Statural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	HOSPITAL: 1 Inpatient 2 Of (Month, L) 28e. PLACE C building.	ER/Outpettle INJURY Ley, Vear) FINJURY etc. (Specify) I my knowled	ant 3 DOA 28b. Ti II At home, farm	OTHE 4 Nu ME OF IJURY M	28. PI FR: rraing Hom 28c. IN. WC 1 ctory, office	LACE OF D to 5 S Ra URY AT DRK7 YES 2	EATH (Che	281. LO	PERFOR 1 YES 2 Ner (Specify) ESCRIBE HOW if CATION (Street a yor Rown, State)	NJURY OC	CURED or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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BE COMPLETED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 TO 27. MANNER OF DEATH 1 Statural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL: 1 Inpatient 2 26e. DATE OF (Month, L) 26e. PLACE C building, CIAN: To the best of a	ER/Outpetk INJURY ey, Year) FINJURY — etc. (Specify) I my knowled examination a	ant 3 DOA 28b. Ti II At home, farm	OTHE 4 Nu ME OF JURY M , street, factor at the red at the lion, in my	28. PI FR: raing Horn 28c. IN. WC 1 ctory, office time, data opinion, c	LACE OF D 10 5 SR 10 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR 10 SR	EATH (Che	28d. Di 28d. Di 28d. LO	PERFOR 1 YES 2 Ner (Specify) ESCRIBE HOW if CATION (Street a y or Rown, State) suse(a) and mare to and place, and	NJURY OC	cured or Rural ted. te cause(AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,

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DHMH-16 Rev 1/89

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	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complex miled in	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the me
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TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed will	A	2	=
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1. DECEDENT'S NAME (First,		1					2, DATE OF	F DEATH	,	YEAR 3	. TIME OF DEATH
TAYE	B Roo	+					8	Z		70	4:25 PM
4. SOCIAL SECURITY NUMB			(In yrs. last birthday)	IF UNDER 1 Y	EAR IF UND	ER 24 HRS.	7. DATE OF (Month,	Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
101	4418 10 M2	1	OL YAS.				5-	7-89	-	Phi	La, la.
9e. FACILITY NAME (If not in	. 1 1/	,		96. CITY, TO	WN OR LOCA				-	TY OF DEA	TH '
RESIDENCE OF DEC	ICK HO	me		Di	21th	200	(0		Ba	十十	more
10e. STATE	10b. COUNTY		10c. CIT	Y, TOWN OR I	OCATION					1	od. INSIDE CITY
md.	Balti	mos	P	Salt	WORK					1	YES 2 NO
10e. STREET AND NUMBER	1	1			10f. ZIP CO	DE			10g. CITIZ		AT COUNTRY?
700 W	est 40	5+			21	9/1				US	A
11. MARITAL STATUS	5000	ECEDENT EVER	IN U.S. ARMED	If w	DECENDENT	oan, Maxic	an, Puerto Ric	(Specify Yes	or No-	14. RACE - Black, 1	- American Indian, While, etc.
3 Widowed 4 Divo	I IF YES	, GIVE WAR OR	DATES	1 VES 2 NO Specify:							White
15. DEC	EDENT'S EDUCATION		16s. DECEDENT'S	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) 18b. KIND OF BUSINESS/INDUSTRY							MILLE
(Specify onl) Elementary/Secondary (0	/ highest grade completed) -12) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done duri ise retired.)	ng most of wor	king					
12 Years			Jour	Journalist Newspaper							
17. FATHER'S NAME (First, Mi							AME (First, Mic			- 11	
Henri Lafa							nie L				
19e. INFORMANT'S NAME (7)				J N. C							Q
Felice R.		1							CATION — C		
20a. METHOD OF DISPOSITION 1 Burial 2/Cremation 4 Donation 5 Other	n 3 - Removal from :	Stala 20	other place) GreenM(ltimo		
21. SIGNATURE OF FUNERA		1	ur ceriiii		ME AND APOP	•	ACILITY				
> 1/2	ies F. Burn	Jenny	wer of		6500	Nor	k Rd.	Ralt	imore	, IIIC	. 21212
23. PART I. Enter the di				not anter th							Approximate
shock, or h	eart fallure. List only	one cause on	each line.								Interval Between Onset and Death
IMMEDIATE CAUSE (Findisesse or condition	lai (andie	ic An	LOST							3 mius
reaulting in death)	8.	DUE TO (OR AS	A CONSEQUENCE O	OF):							- milas
	6 h										
Sequentially list conditi if any, leading to imme-	diate	DUE TO (OR AS	A CONSEQUENCE O	OF):							
cause. Enter UNDERLY! CAUSE (Disease or Inju		DUE TO (OR AR	A CONSEQUENCE O	ME).							-
that initiated events resulting in death) LAS	т	50L 10 (011 NO	A CONSCOULINGE C	,,							İ
	d										
PART II. Other algnifica				in the unde	rlying cause	given ir	n Part I.	24s. WAS AN PERFOR		1	WERE AUTOPSY FINDINGS
770114		SCINE	D/N/4					1 TYES 2	NO		COMPLETION OF CAUSE OF DEATH?
CERU	ICAZ									1	YES 2 NO
25. WAS CASE REFERRED TO	O MEDICAL				26. PLACE OF	DEATH /C	heck only one				
EXAMINER?	HOSPI		tpatient 3 DOA	OTHER:							
27. MANNER OF DEATH		DATE OF INJURY	26b. TII	ME OF 20	g Home 5 🗆	Hasigerice	7	RIBE HOW I	NJURY OCC	URED	
	Pending Investigation	(Month, Day, Year)	IN	JURY	WORK?	□ NO					
a Contesta		PLACE OF INJUF	Y At home, farm,	street, factory	, office			TION (Street a		or Rural Ro	ute Number,
4 Homicide	determined	building, etc. (Sp					City of	Town, State)			
29a. CERTIFIER (Check only	TIFYING PHYSICIAN: To It	e beat of my kno	wiedge, death occur	red at the Ilm	, data and pla	ce, and du	e to lhe caus	e(a) and mar	mer aa state	id.	
anal	ICAL EXAMINER: On the I	pasis of axaminati	ion and/or investigati	lon, in my opi	nion, death oc	cured at Ih	ie ilme, data s	and place, an	d due to the	cause(s)	and manner as stated.
296. SIGNATURE AND TITLE	OF CERTIFIER	11.	0.0 -		29c. L	ICENSE NU	UMBER		29d. DATE	SIGNED (Month, Day, Year)
//0	seph h	1-1e	ell 1	cus	D	-22	334		4	Aus	1990
30. NAME AND ADDRESS O	F PERSON WHO COMPLE	TED CAUSE OF D			11	()	. 0	0.4-		C	
VASCALA LA	7-BL	and the second second second	NO 70	10 WC	tore	John 60	it 5	alto	21	211	
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death, Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
		_	-

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL HYGIE REG. N		90 216	0	
	1. DECEDENT'S NAME (First, Middle, Last) John	R.	Red	in	Sr.	2. DATE OF DEATH MONTH August	î ığ	3. TIME OF DEATH 9:30	Pu	
ron	4. SOCIAL SECURITY NUMBER 218 12 8320	6. SEX 6. AGE					BIRTHPLACE (State or Foreig Country) Virginia	חו		
	90. FACILITY NAME (If not Institution, give street and number) Chesapeake Manor Nursing Center				or LOCATION OF DI	EATH	9c. COUNTY OF DEATH Anne Arundel			
DIRECTOR	100. STATE 10b. COUNTY Maryland Anne	Arundel	10c. CITY	, TOWN OR LOCA		asadena	adena 10d			
ERAL	758 212th St.	101. ZIP CODE 109. CITIZEN OF WHAT CO								
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	If yes, s	CENDENT OF HISPAI Decify Cuban, Mexico B 2 NO Specif	ee or No — 14.	o or No — 14. RACE — American Indian, Black, White, etc. Specify: White				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondery (0-12) (Unknown)	USUAL OCCUPATION Work done during most of working the retired.) Chemical Company								
TO BE COM	17. FATHER'S NAME (First, Middle, Last) Jesse	'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Sumame)						Landis		
	199. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 758 212th St., Pasadena, Maryland 21122									
	20e. METHOD OF DISPOSITION TXXBuriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemeter), cremetory or other place) Glen Haven Memorial Park Clen Burnie, MD									
	22. NAME AND ADDRESS OF FACILITY MCCully Funeral Home of Pasadena 3204 Mountain Rd., Pasadena, MD 21122									
	23. PART I. Enter the diseasea, or canock, pr heart failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that cause List only one cause on e	d the death. Do neach line.	ot enter the m	ode of dying, suc	ch as cardiac or rea			reen	
MEDICAL CERTIFICATION	disease or condition reaulting in death) Sequentially list conditions, If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST ALCONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
	PART ii. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I.						24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOP AMILABLE P COMPLETION OF DEATH? 1 YES 2		JSE	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 UND 1 Inpatient 2 ER/Outpetient 3 DOA 4 Undersing Home 5 Residence 6 Other (Specify)									
ву Рну	27. MANNER OF DEATH 1 Natural 6 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIM	URY W	JURY AT ORK? YES 2 NO	26d. DESCRIBE HO	DESCRIBE HOW INJURY OCCURED			
ED	3 Suicide 8 Could not ba	Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify)					61. LOCATION (Street end Number or Rural Route Number, City or Town, State)			
COMPLET	29a. CERTIFIER (Check only one) 1 LERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner se stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner se stated.								ed.	
TO BE C	290. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 290. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 290. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. DATE SIGNED (Month, Day, Year)									

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print DR. C.V.CYRIAC-M.D. 1600

32. REGISTRAR'S SIGNATURE
Davidson-Rondess

31. DATE FILED (Month, Day, Year)
AUG 0 7 1990

SUITE . 308 MO 20061.

GLENBURNE.

70:11 %-

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign MARYLAND

9c. COUNTY OF DEATH

11:15 amm

2. DATE OF DEATH MONTH JULY

7. DATE OF BIRTH (Month, Day, Year)
2/2/1914

SELMA

RESIDENCE OF DECEDENT

4. SOCIAL SECURITY NUMBER

2/2-46-589/

9e. FACILITY NAME (If not institution, give street and number)

SINAI HOSPITAL

R. RICHMON

1 □ M 2 🗑 F

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH BALTIMORE

6. AGE (In yrs. last birthday)

76

1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL, OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed with

UINE	MARYLAND	10b. COUNTY		10c. C	10c. CITY, TOWN OR LOCATION BALTIMORE 10d. INSIDE 1 TYES						
. 10-	10e, STREET AND NUMBER				10f, ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?			
	6503 PARK HEIGHTS AVE., APT. 4A					.215	0.017	USA			
ı	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDENT EVER FORCES? 1 YES	2 PNO			in, Puerto Rican,		14. RACE — American Indian, Black, White, atc. Specify: WHITE		
I	15. DEC (Specify ani)	EDENT'S EDUCA y highest grade o	ATION completed)	16a. DECEDENT		CUPATION uring most of working	16b. KINC	KIND OF BUSINESS/INDUSTRY			
	Elementary/Secondary (0	0-12)	College (1-4 or 5+)		SEWIFE	E		AT HO	ME		
	17. FATHER'S NAME (First, M HARRY E.	FATHER'S NAME (First, Middle, Leat) HARRY E. WEINBERG					ME (First, Middle,	Markowit	Z		
	194. INFORMANT'S NAME (T MRS. HARRI		EIDER			(Street and Number or Rural		ity or Town, State, Zip C	21093		
Ш	20s_METHOD OF DISPOSIT 1	al 2 Cremation 3 Removal from State other place)				ne of cemetery, cremetory or	of cemetery, cremetory or 20c, LOCATION — City or Town, State BALTIMORE, MD				
	21. SIGNATURE OF FUNERA	L SERVICE LICE	ENSEE		SOL LEVINSON & BROS., INC.						
+	23. PART I. Enter the d	liseacea) or co	omplications that cause	d the desth. D		the mode of dying, aud			O.,MD 21215		
	/ ahoct/ or heart failure. List only one cause on each line.								Interval Betwee Onset and Daet		
	DUE TO (OR AS A CONSEQUENCE OF):										
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
	PART II. Other algolitics	ant conditions contributing to death but not resulting in the underlying				derlying cause given in	PERFORMED? AMAILABLE PRI COMPLETION I DF DEATH?				
									1 TES 2 NO		
	25. WAS CASE REFERRED T	TO MEDICAL				26. PLACE OF DEATH (C	heck only one)				
5	EXAMINER?		HOSPITAL: 1 Inputient 2 ER/Out	OTHER: Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)							
	9.5	Pending	28a. DATE OF INJURY (Month, Day, Year)		TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIE	8d. DESCRIBE HOW INJURY OCCURED			
	2 Accident 3 Suicide 8 4 Homicide	Could not be determined	28a. PLACE OF INJUR building, atc. (Sp	m, atreet, fact	ory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLE	(Orach oray		ZAN: To the best of my kno						d. cause(a) and menner as stated.		
	29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED DULY					SIGNED (Month, Day, Year)					
▘▐	30. NAME AND ADDRESS O	F PERSON WHO	Spital	EATH (ITEM 2) (ýpe, Frint)			0			
	31. DATE FILED (Month, Day,	20 = "	32. REGISTRAR'S SIG		-	*			ji .		

Smialek, MD

John E.

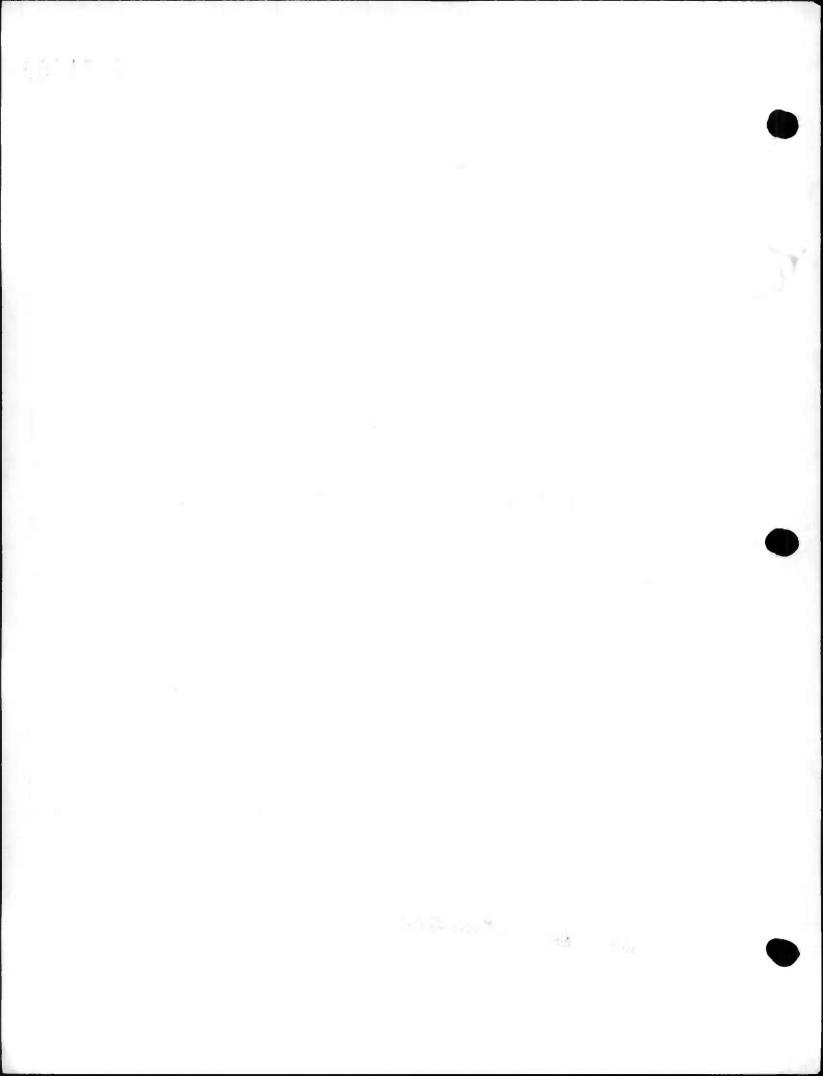
BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 STATE	STATE OF MARYL						90 2160	
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	Morris		FICATE OF senberg	DEATH	2. DATE OF DEATH MONTH 30-90	Y YE	3. TIME OF OEATH 10:10AM	
CTOR	4. SOCIAL SECURITY NUMBER 215-18-3956 90. FACILITY NAME (If not institution, give statements) 3822 Roland View	1 M 2 F 6	(In yrs. last birthday	MONTHS DAYS	F UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE			SIRTHPLACE (State or Foreign Country) MARYT, AND OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY MARYLAND	-	10c. C	BALTIMO				10d. INSIDE CITY LIMITS? 1 📉 YES 2 🗌 NO	
FUNERAL	3822 ROLAND VIEW			212	15	10g. CITIZEN USA	OF WHAT COUNTRY?		
BY FUN	11, MARITAL STATUS 1 X Never Merried 2 Merried 3 Vidowed 4 Divorced	12. WAS OECEOENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR O	DATES	13. WAS OEC If yea, sp 1 - YES	ENOENT OF HISPAN ecity Cuben, Mexica NO Specify		- 14. RACE — American Indian, Black, White, etc. Specific. WHITE		
COMPLETED	15. OECEOENT'S EOUC (Specify only highest grade Elementary/Secondary (0-12)	ATION	16a. OECEDENT	's USUAL OCCUPATI If work done during muse retired.)	ON ast of working	18b. KINO OF BUS		TTY ADMN.	
BE CON	17. FATHER'S NAME (First, Middle, Lest) RAPHAEL ROSENBERG 18. MOTHER'S NAME (First, Middle, Meiden Surname) MARY BLUMBERG								
10	5520 Strattlill Rb. Ballino							² 1215	
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	oval from State	b. PLACE OF OISP Other place) BETH	EL MEMOR	IAL PARK	1	CATION — CHY RANDALI	or Town, State LSTOWN, MD	
	21, SIGNATURE OF FUNERAL SERVICE LIC	Leur	1			CILITY ON & BROS. PERSTOWN RI		TO.,MD 21215	
	23. PART I Ental the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, hock, or heart failure. List only one cause on each line. IMMEDIATE CADSE Final disease or condition								
TION	DUE TO (OR AS A CONSEQUENCE OF): Sequentisity list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST								
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AI PERFORM 1 □ YES 24 INSPEC							24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO	
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Ch				
	27. MANNER OF OEATH	28e. DATE OF INJURY (Month, Day Year)	26b, T	IME OF 28c. IN	JURY AT ORK?	6 Other (Specify) 28d. DESCRIBE HOW Self inf			
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide	26a. PLACE OF INJUR building, etc. (Spe	Y — At home, fern			28f. LOCATION (Street Gity or Yourn, State 3822 RO1a		Rurel Route Number, W Ave.Baltimor	
COMPLETED		CIAN: To the best of my know						euse(e) end manner ee stated.	
TO BE C	296. SUCH RUME AND TITLE OF CENTRES	cia	let	In	29c. LICENSE NU		29d. DATE SI	GNEO (Month, Day, Year) 7-30-90	
F	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF O	FATH (ITEM 27) /3	me Print)					

Penn Street, Baltimore, MD 21201

VC



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a first death, Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached any white the state within the State hand of the Mental Haniere order to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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0	TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funes find within 20 hours after death with the State Dent of Health and Mental Hornlein prior to burial cremation, or removal	#
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	REGISTRAR 1. DECEDENT'S NAME (First,	A Biolotte 1 c = "			CER	HIFIC	ATE O	- DEA	I H	0.515	REG. NO.			THE OF THE	4	
	Leonard		oberts							MON			YEAR	3. TIME OF DEATH	Рм	
						s. lest birthday) IF UNDER 1 YEAR IF UNDER 2			24 HDS		8- 2-9	90 T	a RIRTHPI	LACE (State or Fore		
	220-24-484		ty M 2 □ F	61			NTHS DAYS		MIN.		nth, Day, Year) -14-19	220	Country)	inia	o.g.,	
	9s. FACILITY NAME (If not ins			01		96	. CITY, TOW	OR LOCATI	ON OF DE		-14-13		V T T G			
œ	Francis So	r.		BAlti					_	_						
2	RESIDENCE OF DECI															
DIRECTOR	10a. STATE	10b. COUNTY					OWN OR LOC						1.5	IOd. INSIDE CITY		
	Md.					alt	imore					,		YES 2 N	NO	
FUNERAL	10e. STREET AND NUMBER						1	lof. ZIP COD				U.S		IAT COUNTRY?		
핃	3422 Leverton Ave. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A							212								
3	1 Never Married 2 N	Warried	FORCES? 1				It yes,	specify Cubi	nn, Maxical	n, Puarto	IN? (Specify Yes Rican, etc.)	or No—	Black,	 American Indian White, etc. 	n,	
B	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 2						1 U Y	ES 2 X NO	Specify	<i>/</i> :			Specify. Whit			
	15. DECE	DENT'S EDUC	CATION		16a. DECEDE	ENT'S USI	UAL OCCUPA done during	TION	24	16	b. KIND OF BUS					
<u></u>	Elementary/Secondary (0-12) College (1-4 or 5 +)			life. Do f	VOT use re	tired.)										
M M	High School				Mac	hin	e Ope	erato	or	C	Ontin	enta	1 Ca	in CO.		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)										Middle, Maiden					
BE	CHarles C. Roberts										ROber					
2	196. INFORMANT'S NAME (Type/Print) 196. MAILING AGORESS (Street and Number or Rurel Route Number, City or Town, State, Zip Code, Marjorie Roberts 3422 Leverton Ave.BAlto., Md. 21							1								
	Marjorie E		ts	1 001	PLACE OF D					• DA			City or Tow			
	1X Buriel 2 Cremation 4 Donation 6 Other	3 🗆 Reme	ovel from State	1111111	other place)				matory or				lle,			
	21, SIGNATURE OF FUNERAL		ENSER /	<u> Gc</u>	arden	is o		AND ADDRE	SS OF FA	CILITY	Į KO	SSVI	110,	riu •		
	1.1.	11	951				Mora	an-As	shto	n F	'Unera	1 НО	me, I	nc.		
	U/ddi	100	0			111								.Md.21		
	23. PART I. Enter the dis		Liet only one car			Do not	enter tha r	noda or dy	ing, euc	n ss ca	irdiac or respi	ratory srr	rest,	Approxima Interval Ba	twsan	
	IMMEDIATE CAUSE (Final disease or condition										Onsat and					
	disease or condition s. Hyperculcenic. Due to (or as a consequence of): Metastatu Blader Canear										676	7				
_	Metastatu Bladder Camer									250	Lay					
2	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):															
8	CAUSE (Discours of the State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State o															
CERTIFICATION	that initiated events OUE TO (OR AS A CONSEQUENCE OF):															
EH	resulting in deeth) LAST		d											-		
AL C	PART II. Other significs:	nt condition	s contributing to	daath bu	ut not resul	iting in t	the underly	ing cause	given in	Part I.	24s. WAS AN			WERE AUTOPSY FIN		
2	Bleed	eas,	Diasth	esis							PERFOR			AVAILABLE PRIOR 1 COMPLETION OF C OF DEATH?		
밀		0										Ca		1 TYES 2 DA	10	
=																
M	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	uoofire.					PLACE OF I	DEATH (Ch	eck only	one)					
	1 YES 2 NO		HOSPITAL:	☐ ER/Outpa	atient 3 🗆 C		THER:		Residence	6 🗆 Ot	her (Specify)					
KSI	27. MANNER OF DEATH	Pendina	28a. DATE Of (Month.)	F INJURY Dav. Ybar)	28	INJUR	Y	NJURY AT WORK?		26d. D	ESCRIBE HOW I	NJURY OC	CURED			
PHYSI		1 Netural 5 Pending 2 Accident Investigation							□ NO				-			
	1 Natural 5 🔲 I 2 🔲 Accident	nvestigation	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At he building, etc. (Specify)											28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
B	1 Netural 5 1 2 Accident 3 Suicide 6 0	17171	28e. PLACE (building	, etc. (Speci	//y)					0	ty or lown, State)					
B	1 Netural 5 1 2 Accident 1 3 Suicide 6 0 4 Homicide	Could not be letermined	building	, etc. (Speci	Hy)											
B	1 Netural 5 1 2 Accident 3 Suicide 6 6 6 6 Centrifier (Check only	Could not be determined	building	, etc. (Speci	ify)					to the c	cause(a) and ma	nner aa sta				
COMPLETED BY PHYSICIAN: MEDIC	1 Netural 5 1 2 Accident 3 Suicide 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Could not be determined IFYING PHYSI CAL EXAMINE	building	, etc. (Speci	ify)			, death occu	ured at the	to the c	cause(a) and ma	nner ee ata	he cause(s)		inted.	
B	1 Netural 5 1 2 Accident 3 Suicide 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Could not be determined	building	, etc. (Speci	ify)			29c. LIC		to the o	cause(a) and mai	nner ee ata	he cause(s)	and manner as st	ated.	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Aurs after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL OHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit in be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGI REG.				
	1. DECEDENT'S NAME (First, Middle, Last)	P	France A			2. DATE OF DEATH	1 DAY	3. TIME OF DEATH		
ľ	Frances A	Stilley				8	4	10 1548 m		
	4. SOCIAL SECURITY NUMBER		MO	UNDER 1 YEAR	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea	7)	8. BIRTHPLACE (State or Foreign Country)		
	214-44-4836	1 D M 2 DX F 6	YRS.			12-16-		North Carolina		
~	9e. FACILITY NAME (If not institution, give at		96		R LOCATION OF DE			ITY OF DEATH		
DIRECTOR	University of M	d. Hospital		Baltin	nore C:	ity	==			
5	10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ON	*		10d. INSIDE CITY LIMITS?		
ā	Maryland Anne	Arundel	Bal	timore				1 TES 2 NO		
Z	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITI	ZEN OF WHAT COUNTRY?		
FUNERAL	4607 Kramme Av				21225			U.S.A.		
5	11, MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER II FORCES? 1 YES	2 X NO	If yes, spe	ENDENT OF HISPAN city Cuben, Mexican	, Puerto Rican, etc		14. RACE — American Indian, Black, White, etc.		
BY	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES	2 NO Specify			Specify: White		
	15. DECEDENT'S EDUC (Specify only highest grade	USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY								
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NOT use re	tired.)	it or working					
COMPLETED			Housew	ife			e Maker			
	17. FATHER'S NAME (First, Middle, Last)	5				ME (First, Middle, Me				
B	Lonnie G. 19e. INFORMANT'S NAME (Type/Print)	Parker	105 MAILING AD	DRESS /Street o	A.Ta.l	bell Gr		Codel		
2	James Stilley		100 0		venue I					
	20e. METHOD OF DISPOSITION	200	. PLACE OF DISPOSITION					City or Town, State		
	1 💢 Buriel 2 🗆 Cremetion 3 🗆 Remo	oval from State	Md. State	Vetera	ans Cemet	tery	Chelter	ham, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LIC	7	1	22. NAME AN	D ADDRESS OF FACE	CILITY	mal Hon	no P A		
	> ferome	mamura	che					Md. 21225		
	23. PART I. Enlar the diseases, or c							rest, Approximate		
	shock, or heart fellure. I	List only one cause on a	iach line.					Interval Between Onset and Death		
	resulting in death) s. metastatic adenocarcinoma atticlusa DUE TO (DR AS A CONSEDUENCE DF):									
		1				1	J			
CERTIFICATION	Sequentially list conditions, If any, leeding to immediate our TO (OR AS A CONSEDUENCE OF):									
CAT	cause. Enter UNDERLYING									
Ē	CAUSE (Disease or injury that initiated events	QUE TO (DR AS	A CONSEQUENCE OF):							
ERI	resulting in death) LAST	d				<u> </u>				
AL C	PART II. Other significent condition			he underlyin	g cause given in	Part I. 24s. W	S AN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
CA	Upper	GIbles	ed				RFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
AED							_ (1)	1 TYES 2 NO		
ä										
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF DEATH (Ch	eck only one)				
PHYSICIAN: MEDIC	1 VES 2 NO	Inpetient 2 - ER/Out	patient 3 DOA 4	☐ Nursing Hom	e 5 🗆 Residence					
	27. MANNER OF DEATH Natural 5 Pending	(Month, Day, Year)	26b. TIME D INJUR	WC	RK?	28d. DESCRIBE H	OW INJURY OC	CURED		
В	2 Accident Investigation	28e, PLACE OF INJUR	Y — A1 home, ferm, stre	M 1		281, LOCATION (S	treet and Number	r or Rural Route Number,		
8	3 Sutcide 8 Could not be 4 Homicide determined	building, etc. (Spe	iclfy)			City or Town,		,		
H	298. CERTIFIER CERTIFYING PHYSI	CIAN: To the best of my know	wiedge, death occurred a	t the time, date	and place, and due	to the cause(s) en	d manner as sta	fed.		
COMPLET	Torroom ormy							he cause(e) end manner as stated.		
	29b. SIGNATURE AND TITLE DF CERTIFIER	R			29c. LICENSE NUI	WBER	29d. DAT	E SIGNEO (Morith, Day, Year)		
) BE	John Wrog	em)					•	8-4-90		
5	30. NAME AND ADDRESS OF PERSON WH	A / /	4				-			
	22 S Gree			121	101					
	31. DATE FILEO (Month, Day, Year)	32 MEDISTRAR'S TO	NATIONAL PROPERTY.							

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PERETTI, MD

1990

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31. DATE FILED (Month, Day, O'er), AUG 7

BALTIMORE, MARYLAND 21203-31

Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR S	TATE OF MARY	LAND / DEPAR	TMENT OF H	IEALTH A	ND MENTA	L HYGIENE		0 21612	
Г	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)		CERTIF	onst In	DEATH	2. DATE	REG. NO.		ar 7:36AM	
		inand G_{\bullet}	•							
			(In yrs. lest birthday) 2 YRS.	MONTHS DAYS	HOURS 1		th, Day, Year)	7	BIRTHPLACE (State or Foreign MoLe	
	9a. FACILITY NAME (If not institution, give street		Ino.	Oh CITY TOWN	DR LOCATION		27 4	A- COUNTY		
O. HO	Francis Scott Ke		Center		Baltimore City					
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA		,			10d. INSIDE CITY LIMITS?	
	Md.			Baltimo	re CI	ty			1 YES 2 NO	
FUNERAL	1215 South (Linter	1215 South (Linton Street						10g. CITIZEN OF WHAT COUNTRY?		
	11, MARITAL STATUS 12.	WAS DECEDENT EVER FORCES? 1 YES	2 NO	If yes, sp	ecify Cuban,	Maxican, Puerto	N? (Specify Yea Rican, atc.)	or No- 14.	RACE — American Indian, Black, Whita, etc.	
) BY	3 Widowed 4 Divorced	Korea			70	Specify:			Specify: White	
ETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATI work done during me se retired.)	ON ost of working	16	b. KIND OF BUS	INESS/INDUST	THY	
1	3	mage (1-4 of 5 +)	Cary	penter						
COMPLET	17. FATHER'S NAME (First, Middle, Lest) Ferdinand Seelf	orst Sr.				R'S NAME (First,	Middle, Maiden :	Surname)		
TO BE	190. INFORMANT'S NAME (Type/Print) Bonnie Hartmann		19b. MAILING	ADDRESS (Street	and Number or Rural Route Number, City or Town, State, Zip Code) St. Balto, Md. 21224					
-										
20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Crematical State							Be	altimo	or Town, Stata re, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICENS Chauler	. Zeil	w	Char	les S.	of FACILITY Zeiler	Son S	Inc. 6	01 S. onkling St.	
	23. PART I. Enter the diseases, or complications telet caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, interval Between Onset and Death disease or condition and disease or condition sesuiting in death) s. Arteriosclerotic cardiovascular disease Due to (or as a consequence of):									
TION	Sequentially liet conditions, If any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Discess or injury that initiated events resulting in desth) LAST	DUE TO (OR AS	A CONSEQUENCE O	PF):						
Ü	d									
SAL	PART II. Other significant conditions of Chronic obstructive					ven in Part i.	24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE	
PHYSICIAN: MEDICAL							INQUI		1 TYES 2 TYNO	
Ž										
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		OTHER:		ATH (Check only			-	
X	27. MANNER OF DEATH	Inpatient 2XXER/O		4 Nursing Ho	JURY AT		ner (Specify) ESCRIBE HOW II	N.II.IBY OCCUR	ED.	
BY P		(Month, Day, Year		JURY W	YES 2		EQUINOL HOW II			
	9 Sulaida -	28e. PLACE OF INJUI building, atc. (Sp	RY — At home, ferm, pecify)	street, factory, offi	ce	28f. LC	CATION (Street a by or Town, State)	and Number or	Rural Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN (Check only one)	1							ause(a) and menner as stated.	
H	296. SIGNATURE AND TITLE OF CENTRIFIER Y				29c. LICEN	OCME			IGNED (Month, Day, Ybar) 3-4-90	
	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF I	DEATH (ITEM 27) (Typ	a. Print)						

who completed cause of Death (ITEM 27) (Type, Print)

MD 111 Penn Street, Baltimore MD 21201

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31. DATE FILED (Month, Day, Year)
AUG 7 1990

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Typh. Print)

Mario F. Golle, Jr., M.D. 111 F

32. REGISTRAR'S SIGNATURE

	1 - STATE REGISTRAR 1. OECEDENT'S NAME (First, Middle, Last)			ICATE OF		MENTAL HYGIEN REG. NO 2. DATE OF DEATH),	3. TIME OF DEATH						
	Diane LOUISE	Sha	ffer			MONTH E	29 90	12:46 A						
			yrs, last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. B	HRTHPLACE (State or Foreign						
		□ M 2 🖾 🔭 18	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 11-7-71	Pe	ennsylvania						
TOR	99. FACILITY NAME (If not institution, give street University Hospit RESIDENCE OF DECEDENT	,	rauma		altimore		9c. COUNTY							
DIRECTOR	100. STATE 10b. COUNTY Pennsylvania	York	10c. Cf1	ry, town on Loca Hanove				10d. INSIDE CITY LIMITS? 1 YES 2 NO						
	10e, STREET AND NUMBER				Of, ZIP CODE		10g CITIZEN	OF WHAT COUNTRY?						
FUNERAL	109 Impounding Dam	Road			17331		USA							
В	11. MARITAL STATUS 12. XXNever Merried 2 Merried 3 Widowed 4 Divorced	. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	XIXINO	If yes, s		NIC ORIGIN? (Specify Yesen, Puerto Ricen, atc.)		RACE — American Indian, Black, White, atc. Specify: White						
ETED	15. DECEDENT'S EDUCATION		6a. DECEDENT'S	USUAL OCCUPAT	ION	16b. KINO OF BU	JSINESS/INOUST	RY						
<u> </u>	(Specify only highest grade com Elementary/Secondary (0-12) C	ollege (1-4 or 5+)	life. Do NOT u	work done during n use retired.) udent	lost of working	N/	Ά.							
COMPL	17. FATHER'S NAME (First, Middle, Last)				40 MOTHERIO N	AME (First, Middle, Malde								
BE CC	Burnell S. Shaffer	<u> </u>		otte N. Sp										
9	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
-	Charlotte N. Shaffer 109 Impounding Dam Road Hanover, Pa. 17331													
	20a_METHOD OF DISPOSITION 1	from State	other place)	ven Ceme	emetery, cremetory or tery		ocation - city lover, P	or Town, State Pennsylvania						
	21. SIGNATURE OF FUNERAL SERVICE LICENS John G. Reitz	John DR	uk)		hell-Wie		e 6500	York Rd 2121						
		disease or condition Multiple Injuries e. Multiple Injuries												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST													
MEDICAL CI	PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? 1 TYPES 2 NO 24b. WERE AL MARIABLE COMPLET OF DEATH													
								1 XYES 2 NO						
A	25. WAS CASE REFERRED TO MEDICAL		_	26.	PLACE OF DEATH (Chack only one)								
PHISICIAN	EXAMINER? 1 ②XYES 2 □ NO 1	OSPITAL: Inpatient 2 M ER/Outpe	tient 3 DOA	OTHER: 4 Nursing Ho	eme 6 🗆 Reeldenc	6 Other (Specify)								
	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	26b. TI	UURY V	YJURY AT YORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED						
2	1 Natural 5 Pending 2 Accident Investigation	7/28/90	11:3		YES 2 NO			o/auto impac						
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specif	y)		lice	28f. LOCATION (Stree City or Town, Stel Rt. 140 &	le)							
Ш	200. CERTIFIER . CO. Md.													
YLE IE	(Check only	N: To the best of my knowle	dge, death occur	rred at the time, de	(Check only one) 1 CENTIF TING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner se stated. 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and menner as stated.									
COMPLETED	(Check only													
E COMPLEIEL	(Check only					he time, date and place,	end due to the ca							

111 Penn St.

OHMH-16 Rev 1/89

Baltimore, Md. 21201

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	HEG
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F	4. SOCIAL
ı	142-
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TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CI	ENTIFIC	AIE	JF DEA	ш		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Lest) Maj	got	I.		Schau	mann		2. DATE O	5-90	٧	YEAR	3. TIME OF DEATH 5:30PM
s. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. les		UNDER 1 YE	AR IF UNDER	24 HRS. MIN.	7. DATE OF	F BIRTH Day, Year) 12 1		Country	PLACE (State or Foreign nnsylvania
a. FACILITY NAME (If not Institution, give s	street and number)	12	98	o. CITY, TO	WN OR LOCATI	ON OF DE		12 1	9c. COUN		
University H	Hospital			I	Baltimo	ore (City				
LESIDENCE OF DECEDENT 10b. COUNT	v		10c, CITY, T	OWN OP I	OCATION						10d. INSIDE CITY
Pa. Yor					Garder	n To	wnsh	ip			1 YES 2 NO
oe. STREET AND NUMBER 381 Lambeth Wall	<				10f. ZIP COD	[€] 1740	03			SA	HAT COUNTRY?
1. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	FORCES? 1	IT EVER IN U.S. AF		If ye	DECENDENT (s, specify Cubs YES 2 NO	n, Maxica	n, Puarto Ric		or No—	14. RACE Black Specif	— American Indian, , White, atc. by: White
15. DECEDENT'S EDU		18a. DE	CEDENT'S US	UAL OCCU	PATION		16b. I	KIND OF BUS	SINESS/INDI	USTRY	
(Specify only highest grade	College (1-4 or 5	+) life	ive kind of work . Do NOT use n ousewil	etired.)	ng most of worki	ng		Home	emaki	ng	
FATHER'S NAME (First, Middle, Last)					16. MOT	HER'S NA	ME (First, Mi	ddle, Maiden	Surname)		
Howard C. Imho	off						y He		-07		
e. INFORMANT'S NAME (Type/Print)		19	b. MAILING AD	DRESS (St	treet and Numbe	r or Rurel i	Route Numbe	r, City or Tow	n, State, Zip	Code)	
G. William Shau	mann		same	e as	10e.						
a. METHOD OF DISPOSITION				ON (Name	of cemetery, crea	matory or	- "	20c. LO	CATION —	City or To	wn, State
Da. METHOD OF DISPOSITION Burlat 2 Cremation 3 Ren Densition 5 Other (Specify)	noval from Stata	Moui		e Ce	metery	/					len Town-
SIGNATURE OF FUNERAL SERVICE L	coffee (1		22. NAI	WE AND ADDRE	SS OF FA		shi	o, Yo		Co., Pa.
Degen.	Bryan W	Clary)	Le	emmon- moniun	Mitch, M	hell-\aryla	Wiede nd	feld		
Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING	b	OLE INJU O (OR AS A CONSE O (OR AS A CONSE	OUENCE OF):	rith ·	COMP11	cati	ons	7			
CAUSE (Disease or Injury hat initieted events resulting in death) LAST	DUE TO	O (OR AS A CONSE	OUENCE OF):								
PART II. Other significant condition	ns contributing to	o death but not	resulting in	the unda	rlying cause	given in		24a. WAS AN PERFOI 1 - YES 2	RMED?	24b	WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
							-	INSPE	CTTON	, l	1 ☐ YES 2XXIIO
5. WAS CASE REFERRED TO MEDICAL	T			_	26. PLACE OF	DEATH (C)	neck only one		CIIO	'	
EXAMINER?	HOSPITAL:	☐ ER/Outpatient		THER:	Home 6 🗆 R						
7. MANNER OF DEATH	28a. DATE O	F INJURY	28b. TIME (OF 28	c. INJURY AT		· · · · · · · · · · · · · · · · · · ·	CRIBE HOW	NJURY OCC	CURED	
Natural 5 Pending Investigation	6.7−1	Day, Year) 2−90	AM		WORK?	N/N	Driv	er in	auto	/fi	xed object
3 Suicide 6 Could not be datarmined	26a. PLACE building	OF INJURY — At h			, offica		City o	r fown, State	į .		kson St.
	SICIAN: To the best of	of my knowledge, d		ROAD	, data and plac	e, and due	PA F				
	- 000 100	axamination and/or	Investigation,	in my opin				and place, a		-	s) and menner as stated.
296. SIGNATURE AND TITLE OF CERTIFIC						CME	MBER		29d. DAT	8	(Month, Day, Year) -6-90
ANN M. DIXON, MD	HO/COMPLETED CA	USE OF DEATH (IT	EM 27) (Type, P 111	rint) Penn	Street	,Bal	timor	e,MD	2120	L	
B1. DATE FILED (Month, Day, Year) AUG 0 7 1990	32. REGISTE	AR'S SIGNATURE									

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 noun	
	_	

	1 - FOR STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)	Lherta	SCH	mick	2. DATE OF DEATH MONTH DA		3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 213-20-6918	5. SEX 6. AGE (1		DER 1 YEAR FUNDER 24 HRS.	7. DATE OF BIRTH (Month, Pay, Year)	6. B	IRTHPLACE (State or Foreign ountry) IARYLAND			
OR	9a. FACILITY NAME (If not institution, give str	eet and number) HOSD I +A	96.	TIV, TOWN OR LOCATION OF D	EATH	9c. COUNTY O	OF DEATH			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			IN OR LOCATION			10d. INSIDE CITY			
	MARYLAND N/A	1	BAL	TIMORE 101. ZIP CODE		1 XXYES 2 NO				
FUNERAL		ST.		21225		U.S.A.				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3XX Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 (X) NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Speci	en, Puerto Rican, etc.)	as or No— 14. RACE — American Indian, Black, White, etc. Specify: WHITE				
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Ghe kind of work done during most of working life. Do NOT use retired.)						mestic	PY			
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17. FATHER'S NAME (First, Middle, Lest) ALBERT C. SAMM 198. INFORMANT'S NAME (Type/Print) ALBERT C. SAMM 199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State,										
20a_METHOD OF DISPOSITION 1/L/Mourtel 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify)										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Stanley M. Loewner & McCULLY FUNERAL HOME BALTO, MD. 21225									
23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdlec or respiratory arrest, ahock, or heart fellure. List only one cause on each line.										
	iMMEDIATE CAUSE (Fine) disease or condition resulting in deeth)	Rupin	CONSEQUENCE OF):	est			Onset and Death			
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseases or injury that initiated expense) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):									
ERTI	resulting in death) LAST			of stomach	O Sone M	etustus	sus l			
CAL	PART II. Other significent conditions	contributing to death b	ut not resulting in th	underlying cause given in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
	1 □ YES 2 → NO						1 TES 2 NO			
SICIAN:				26. PLACE OF OEATH (Check only one)						
ΥS	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	от	HER:						
표		1 Ø Inpatient 2 ☐ ER/Outp	etient 3 DOA 4 D	Nursing Home 5 - Rasidence	6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURE	ED			
ву РНУ	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	1 Inpatient 2 ER/Outp 28s. DATE OF INJURY (Month, Day, Year)	20b. TIME OF INJURY	Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW I					
ED BY	EXAMINER? 1	1 Inpatient 2 ER/Outp 28s. DATE OF INJURY (Month, Day, Year)	20b. TIME OF INJURY — At home, farm, street	Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO		and Number or R				
ED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only)	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spec	28th. TIME OF INJURY — At home, farm, street ledge, death occurred at	Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	28d, DESCRIBE HOW I 28f. LOCATION (Street City or Town, State) we to the cause(a) and man	and Number or R	tural Route Number,			
BE COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Could not be detarmined 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Specials) CIAN: To the best of my know R: On the basis of axaminstion	28th. TIME OF INJURY — At home, farm, street ledge, death occurred at	Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO factory, office	28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, Sterle) to the cause(a) and man to time, data and place, an	and Number or R neer as stated. In due to the ca	use(s) and manner as stated. SNED (Month, Day, Year)			
E COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINES	28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Special Control of the basis of axaminstical Completed Cause of December 2015)	ettent 3 □ DOA 4 □ 28b. TIME OF INJURY — At home, farm, street ledge, death occurred at a n and/or investigation, in	Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO factory, office the time, data and place, and do my opinion, dasth occured at the 29c. LICENSE No.	28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, Sterle) to the cause(a) and man to time, data and place, an	and Number or R neer as stated. In due to the ca	ural Route Number,			

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בואופוסות סר אוואב הבסטוסט, דיטי בסא ופובע,	DING PH	After this death with	s marke
2	ATTEN	CTOR:	28
5	DR.	DIRE	Неш
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mours after death. Page 6 may be retained by the hospital or approached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Par 70) 7

32. Algistranio signature Gruna Damason-Ro

	1 - STATE REGISTRAR	STATE OF M		ERTIF	ICATE			ГН		REG. NO.	_		
	t. DECEDENT'S NAME (First, Middle, Last) FRANK	JOSEPH		SMI	[GAL				2. DAT	TE OF DEATH	* 1990	YEAR	12.25 P M
	4. SOCIAL SECURITY NUMBER 232-03-1107	5. SEX 1 🔀 M 2 🗀 F	6. AGE (In yrs.)		IF UNDER	1 YEAR DAYS	IF UHDER	24 HRS. MIN.	(Mo	E OF BIRTH onth, Day, Year)	016	Country)	
	9e, FACILITY NAME (If not institution, give a	street and number)			9b. CITY,	TOWN C	R LOCATI	ON OF DE		b. 14 1		PENN NTY OF DE	sylvania ATH
TOR	North Arundel Hos	spital			Gle	n Bu	ırnie	2			Ann	e Ar	undel
FUNERAL DIRECTOR	too. STATE tob. COUNT					R LOCAT	-						10d. INSIDE CITY LIMITS? 1 YES 2 X NO
AL	toe. STREET AND NUMBER	Arundel Linthicum tof. ZIP CODE						tog. CITI		HAT COUNTRY?			
EB	604 Andover Road	_					2109	-			US		
đ	11. MARITAL STATUS t Never Merried 2 X Merried 3 Nidowed 4 Divorced	t2. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 2	ARMED NO	1	If yes, sp		n, Mexica	n, Puert	GIN? (Specify Yes to Rican, etc.)	n or No—	14. RACE Black, Specify	- American Indien, White, etc. White
₽/	15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed)	t6a.	DECEDENT'S (Give kind of life. Do NOT u	USUAL O	CCUPATIO	ON at of working	ng	t	6b. KIND OF BU	SINESS/INC	DUSTRY	· - ·
COMPLETED	Elementary/Secondery (0-12) 9th	College (t-4 or 5+) None	,	me do NOT u ailroa					W	lestern	Mary	land	Railroad
	17. FATHER'S NAME (First, Middle, Last)		. 1						ME (Firs	t, Middle, Meiden			
BE	Alex 19a, INFORMANT'S NAME (Type/Print)	Smi	igal	t9b. MAILING	ADDRESS	S (Street e		nna r or Rural i	Floute Nu	ımber, City or Tow		Ora Code)	
5	Kathryn E. Smigal	1		Sa	ame a	s #1	10						
	20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Ran	noval trom State	other	CE OF DISPO	,		,	natory or		1000		City or Tow	
	4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE U	GENSEE /		avis	22.	NAME AN	ND AODRE				LS, W	est v	irginia
	· Hanael	BUI	inso	n						L HOME W., GLE	N BUI	RNIE,	MD. 21061
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	FOR	CTATE OF M	ADVIAND /	DEDAD	THENT OF	UEAITU AND I	MENTAL	UVCIEN		U	21011
	1 - STATE REGISTRAR	STATE OF M			ICATE OF	HEALTH AND I DEATH	MENIAL	REG. NO.	E		
}	1. OECEDENT'S NAME (First, Middle, Lest) SAKIRSKY	DORA	DO	RA	SAKIRSK	Y	2. DATE O	F DEATH DA	W YE	AR	IME OF OEATH
	4. SOCIAL SECURITY NUMBER 216-21-4881	5, SEX 1 M 2 F	6. AGE (In yrs. lest	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O	BIRTH	8. 8	BIRTHPLAN RU	SSIA
OR	96. FACILITY NAME (If not institution, give st BALTIMORE COUNTY	HOSPITA	L		OR LOCATION OF DE			9c. COUNTY BALT		E	
EG	RESIDENCE OF DECEDENT 10e, STATE 10e, COUNTY	,		10c. CIT	Y. TOWN OR LOC	ATION				10d	INSIDE CITY
L DIRECTOR	MARYLAND 10s. STREET AND NUMBER					IMORE 01, ZIP CODE			10g. CITIZEN	1 [LIMITS? XYES 2 NO
FUNERAL	5715 PARK HEIGHT					2	21215		ט	SA	COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WI	EVER IN U.S. AR YES 2 V N AR OR DATES	MEO	If yes,	ECENDENT OF HISPAR specify Cuban, Mexica S 2 NO Specifi	in, Puerto Ri		or No- 14.	Black, Wh	merican Indian, ila, etc. WHITE
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elamentary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Gi	ve kind of Do NOT u	S USUAL OCCUPATION OF PRINCIPAL OCCUPATION OF PRINCIPAL OCCUPATION OF PRINCIPAL OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATI	FION nost of working	16b.	KIND OF BUS	NONE		
	17. FATHER'S NAME (First, Middle, Lest) YAAKOV MENAKER				CAND	18. MOTHER'S NA SOPH	ME (First, M	Iddle, Meiden BERDOW	Surneme) ISKY		
TO BE	19a. INFORMANT'S NAME (Type/Print) DAVID YUSUPOV		191	203	PARAN R	and Number or Rural D. RANDA	Route Number	or, City or Tow DWN , M	n, State, Zip Cox ID 211	33	
	20a. METHOD OF DISPOSITION 1 VBurlai 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	ovel from State	other pla	ice)		emetery, cremetory or FIT & REL	TEF A		CATION — City		
	21. SIGNATURE OF JUNERAL SERVICE/LIC	Itill	uen		22. NAME SOL	AND ADDRESS OF FA LEVINSON REISTERS	CILITY I & BF	ROS.,	INC.		21215
	23. PART I. Enjoy the diseases or of shock, or heart failure. IMMEDIATE CAUSE (Final	List only one ceut	se on each line		not antar the n	node of dying, suc					Approximate interval Between Onset and Deeth
	disease or condition resulting in death)	8	mal C		moma offi						
NO	Sequentially list conditions,										
CERTIFICATION	if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events Due to (OR AS A CONSEQUENCE OF):										
EHH	resulting in death) LAST	d	5- 17 Care								
MEDICAL (PART II. Other aignificant condition	a contributing to	death but not r	esuiting	In the underly	ing cause given in	Part I.	24s. WAS AN PERFOR	RMED?	AWA	RE AUTOPSY FINDINGS ILABLE PRIOR TO APLETION OF CAUSE DEATH?
N: ME							_			1 (YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:			26. OTHER:	PLACE OF OEATH (C)	neck only one	9)			
IXSI	1 ☐ YES 2 M NO	1 1 inpatient 2 28e. DATE OF		DOA 28b. TI	4 - Nursing H	ome 5 - Residence			INJURY OCCUR	ED.	
ВУ РЕ	1 Netural 5 Pending 2 Accident Investigation	(Month, Da	ny, Year)	II.	M 1	VORK? YES 2 NO					
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE Of building,	F INJURY — At he mtc. (Specify)	me, farm,	street, factory, of	fice	281. LOCA City o	ATION (Street or Town, State,	and Number or i)	Rural Route	Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIONE) 2 MEDICAL EXAMINE	ICIAN: To the best of ER: On the basis of ax								nnse(s) au	d manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	17.10/	th, n.D			29c. LICENSE NU	MBER				nth, Day, Year)
TO B	30. NAME AND ADDRESS OF PERSON WH	un C			e. Print)		-		8.	2,1	990_
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Henry

4. SOCIAL SECURITY NUMBER

212-20-2733

RESIDENCE OF DECEDENT

Maryland

FUNEF

10e. STREET AND NUMBER

A.

9a. FACILITY NAME (If not institution, give atreet and number)

9013 Simms Avenue

Franklin Square Hospital

SAUNDERS

1 🛛 M 2 🗌 F

5. SEX

6. AGE (In yrs. last birthday)

YRS

64

MONTHS

10c. CITY, TOWN OR LOCATION

DAYS

Carney

HOURS

10f. ZIP CODE

the burial-tra	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR C	2 X NO	13. WAS DEC	ENDENT OF HISPAN ecity Cuben, Mexica 2 [X] NO Specify	IIC ORIGIN n, Puerto I	? (Specify Rican, atc.
use as	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12)		16a. OECEOENT'S USI (Give kind of work life. Do NOT use re	done during mo	DN st of working	18b	KIND OF
detact once	9	17. FATHER'S NAME (First, Middle, Last)		1		18. MOTHER'S NA	ME (First,	Viddle, Ma
at be d		Not Known		Saunders		N	ot Kı	nown
retained 5 should notified	8	19a. INFORMANT'S NAME (Type/Print)			DRESS (Street a	nd Number or Rural		
5 st	2	Lucy T. Saunde	rs	venue Baltimore				
leath. Page 6 may be retained by the hospital or funeral director, page 5 should be detached for xaminer must be notified at once.		20a. METHOO OF OISPOSITION 1	oval from State	b. PLACE OF DISPOSITION other place)		metery, cremetory or		200 B
death. Page 6 may tuneral director, pa d. examiner must b		21. SIGNATURE OF FUNERAL SERVICE LIC		Knight Jr	22. NAME A	ND ADDRESS OF FA		
in by the removal.		23. PART I. Enter the diseeses, or	complications the cause	d the death. Do not				
od within 2—of ompletely filled i il, cremation, or event, the m	MEDICAL CERTIFICATION	shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Refractory	ach³line.				
or cian		Sequentially list conditions, if any, leading to immediata causa. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	С.	Infarctio A consequence of):	n			
v requires that the death certificate been signed by the attending physis. I. of Health and Mental Hygiene pri shows any injury, or other the		PART II. Other algorificant condition Chronic Obstruct				g ceuse given in	Part I.	24a. WA PEI 1 YE
law ept ept	ż							
N: The ficate has State D	3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	10	26. P	LACE OF DEATH (Ch	eck only o	10)
SICIAN: The certificate the State	PHYSICIAN:	1 TES 2 NO	1 Inpetient 2 1 ER/Out	patient 3 DOA 4	☐ Nursing Hon	ne 5 🗆 Realdence		
NG PHYSIC fler this ce eath with t marked,	ву рн	27. MANNER OF DEATH 1 Matural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C INJUR	# 28c. IN. Y WO	JURY AT DRK? YES 2 NO	28d. DE	SCRIBE H
TENDI TOR: A after d		3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — A1 home, ferm, stre	et, fectory, offic	a		or Town,
Z 72 =	COMPLETED	CONTROL ONLY	ER: On the beat of my know					
TO THE HOSPIT TO THE FUNER be filed within 7	TO BE C	296. SIGNATURE AND PITTLE OF CERTIFIE	"delen		MO	29c. LICENSE NU D 2731!		
	-	30. NAME AND ADORESS OF PERSON WI				9 90 00		107
		M.L Frydenborg, M	.y. 9000 Fra	nklin Squa	re Dri	ve Balti	more	, Md
		31. DATE FILED (Month, Day, Year) AUG 0 7 1990	22. REGISTRAR'S SIG	-Andall				

2. OATE OF DEATH MONTH 3. TIME OF DEATH August 1990 : 40p M 7. DATE OF BIRTH (Month, Day, Year)
Jan. 27, 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 1926 Maryland 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Rossville Baltimore 10d. INSIDE CITY LIMITS? 1 YES 2 X NO 10g. CITIZEN OF WHAT COUNTRY? 21234 United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, stc.)

1 YES 2 NO Specify: Specify: White BUSINESS/INDUSTRY iden Surname) Town State Zip Code) Md. 21234 c. LOCATION — City or Town, State altimore Maryland 21214 5305 Harford Rd. espiratory arrest, Approximate **Onset and Death** S AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? ES 2 1 NO 1 YES 2 NO OW INJURY OCCUREO treet and Number or Rural Route Number, State) d manner as stated. a, and dua to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) August 3.

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1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTMENT CERTIFICATION			NTAL HYGIENI REG. NO.	E	
1. DECEDENT'S NAME (First, Middle, Sava I.	Sugarman	J			DATE OF DEATH DA		
4. SOCIAL SECURITY NUMBER 212-03-309 9e. FACILITY NAME (If not Institution,	1 - M 2 8 F 8	7 YRS. MONTH	DAYS HOUR	ATION OF DEATH		Co	PRTHPLACE (State or Foreign buntry) USS 1 /A- F DEATH
LEVINDALE RESIDENCE OF DECEDEN	Ť		BALT	imore	E		
RESIDENCE OF DECEDEN 10a. STATE 10b. CC	JUNTY		I MORE				10d. INSIDE CITY LIMITS? 1 YES 2 \(\square\) NO
100. STREET AND NUMBER 2434 W. BEL 11. MARITAL STATUS	VEDERE AVE.		101. ZIP C	1215		10g. CITIZEN C	OF WHAT COUNTRY?
3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECENDEN	IT OF HISPANIC (uban, Maxican, P	ORIGIN? (Specify Yes uerto Rican, etc.)	S	ACE American Indian, Black white atc.
15. DECEDENT'S (Specify only highest Elementary/Secondery (0-12) 17. FATHER'S NAME (First, Middle, Last		16a. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire	OCCUPATION no during most of word.		16b. KIND OF BUS		
	t)		16. M	OTHER'S NAME	(First, Middle, Melden	Surnama)	
190. INFORMANT'S NAME (Type/Print) LEV(N) A		19b. MAILING ADDR	ESS (Street and Nun	nber or Rural Rout	e Number, City or Town	n, State, Zip Code)
20a. METHOO OF DISPOSITION 1	Removal from State	PLACE OF DISPOSITION other place)	(Name of cometery,	crematory or	20c. LO	CATION — City o	r Town, State
21. SIGNATURE OF FUNERAL SERVICE	4	- 9-6-90	State A			, Balt	o., Md.
23. PART I. Enter the disease shock, or heart fel iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	e. PRUBALL	I the death. Do not en ach line.	iter the mode of	dying, such a	a cardiec or respi	ratory arrest,	Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE TO (OR AS A	CONSEQUENCE OF):					
PART II. Other algorificant con- HYPERTE ACCIDENT	ditiona contributing to death by NSION OF CANCEL OF MYOCAR	ut not resulting in the LD CERFB R LEFT LDIAL IN	RO VA BREA FARCT	SCULA ST	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Outp		26. PLACE 0 4ER: Nursing Home 5	Realdence 6			
27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY A' WORK?	T 26	Id. DESCRIBE HOW I	NJURY OCCURE	D
3 Suicide 6 Could no	2 Accident 3 Suicide 6 Could not be 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26e. LOCATION (Street and Number or Rural Route Number, CR) or Fave State)						
and and	PHYSICIAN: To the best of my knowledge. AMINER: On the basis of assemination						se(s) and menner as stated.
296. SIGNATURE AND TITLE OF CER	ATTENDING	PHYSIC	(AN)	2561	O	29d. DATE SIG	NED (Month, Day, Year) 25-90
30. NAME AND ADDRESS OF PERSO 2 (1 3 4 W B	ELVERDERE	ATH (ITEM 27) (Type, Print) AU ENUE	LEVIN	DALE	E MI	2121	5
31. DATE FILED (Monto, Day Year)	O SIME DEVISE	ATURE Mandage	1				

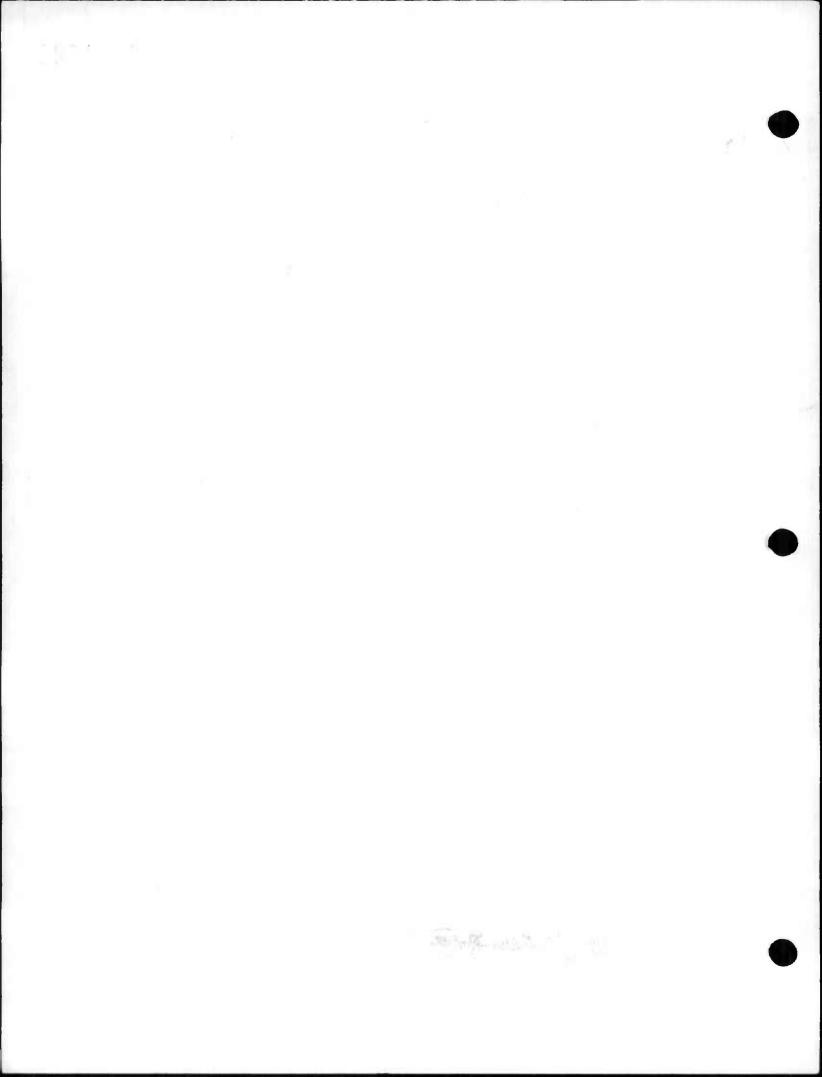
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 - Jura after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIEN REG. NO	_		
	1. DECEDENT'S NAME (First, Middle, Last) Ruth	May	141	arkey	DEATH	2. DATE OF DEATH	, 1990	ar 9:30 a M	
	4. SOCIAL SECURITY NUMBER 215-28-7871	5. SEX 6. AGE 1	(In yrs. lest birthdey)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH		einthplace (State or Foreign aryland	
TOR	90. FACILITY NAME (If not institution, give et 507 N. Lakewoo			Balti	or location of de	HTA	9c. COUNTY	OF DEATH	
DIRECTOR	10a. STATE 10b. COUNTY	,		TY, TOWN OR LOCAT				10d. INSIDE CITY LIMITS? XX YES 2 \(\bigcap \) NO	
FUNERAL	100. STREET AND NUMBER 507 North Lak	sewood Ave			1. ZIP CODE 21205		10g. CITIZEN US	OF WHAT COUNTRY?	
BE COMPLETED BY FUN	11. MARITAL STATUS 1 Never Merried 2/XMarried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 X MO	If yes, sp		NC ORIGIN? (Specify Yen, Puerlo Rican, etc.)		14. RACE — American Indian, Black, White, etc.	
	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12) Unkno	completed) College (1-4 or 8+)				16b. KIND OF BU	siness/industriction	RY	
	17. FATHER'S NAME (First, Middle, Last) Charles M. Bel			Bertha					
10	190. INFORMANT'S NAME (Type/Print) Francis J. Starkey 190. MAJLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 507 North Lakewood Ave/Balto. MD 21							ID 21205	
	20e. METHOD OF DISPOSITION XIXBuriel 2 Cremation 3 Remo	oval from State	other place)	n Cemet	tery	Ba	cation - city ltimor	,	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		Mora		on Funera		e, PA to. MD 2122	
	23. PART I. Enter the diseases, or o shock, or heart fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	a. Candan		inot enter the mo		h es cardiec or resp			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	CHF	A CONSEQUENCE						
PHYSICIAN: MEDICAL C	PART II. Other significant condition	s contributing to death	but not resulting	in the underlyin	ig cause given in		RMEO?	24b. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	tpatient 3	OTHER:	TACE OF DEATH (Ch	8 Other (Specify)			
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? Pending 28c. INJURY AT WORK? 1 1 YES 2 NO						ED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Spe		, street, factory, offic	te.	28t. LOCATION (Street City or Town, State	and Number or F	tural Route Number,	
COMPLETED	(Oriota Orin)	ICIAN: To the best of my know						euse(e) and manner ea stated.	
BE	29b, SIGNATURE AND TITLE OF CENTIFIE	H)			29c. LICENSE NUI	MBER 246	29d. DATE SIG	GNEO (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF O	EATH (ITEM 27) (Typ	oe, Print)				1 0 1	

DHMH-18 Rev 1/89



03-3146	attending physics	
AND 212	the hospital or	once.
, MARYL	be retained by	oe notified at
BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 months after death. Page 6 may be retained by the hospital or attending physican processors. After the capting the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person	The control branch with the State begin of leath and Mental Hygies prior to buriet, cremation, or removal. IMPORTANT: It tiem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
BA	filled in the the to	ion, or removal.
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.O. BOX	h certificate be	Hygiene prior to or other traus
ORDS, P	es that the deat	alth and Mental
TAL REC	The law requin	tate Dept. of He tem 23 show
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	MING PHYSICIAN	death with the S marked, or i
DIVISIO	TAL DR ATTEND	72 hours after of
	TO THE HOSPIT	for introduction, uncountered to continue the control applies to the entired through the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the control and the contr

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEI		
	1. DECEDENT'S NAME (First, Middle, Last)		1 ,			2. DATE OF DEATH	DAY VI	3. TIME OF DEATH
	Carroll	W. 1	hurl	ow	SR.	08 - 0	6-9	0 3.25PM
	211-07-4188	1 M 2 🗆 F	7 / YRS. MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	Sept. 3,	908	BIRTHPLACE (State or Foreign Country)
æ	9a. FACILITY NAME (If not institution, give st	ireet and number)	1 1 96	. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY BAT.T	OF DEATH IMORE
DIRECTOR	RESIDENCE OF DECEDENT	1h 1705	Tall	<u> </u>	BILLI			
IRE	MADVI AND	10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?
2	MARYLAND -		TIMORE			100 CITIZEN	1 X YES 2 NO	
FUNERAL	4000 CENTURY ROAD)		101	21224			S. A.
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMEO			IC ORIGIN? (Specify Y		RACE — American Indian, Black, White, etc.
BY F	1 Never Merried 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DAT		1 TYES	NO Specify	n, Puerto Rican, etc.)		Specify: WHITE
	15. DECEOENT'S EDUC		16a. DECEDENT'S USI			16b. KIND OF B	JSINESS/INDUST	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	tired.)	at of working			
MPL	NA	NA	SALESMAI	N				RE STORE
	17. FATHER'S NAME (First, Middle, Lest) CARROLL W. THUR	ST OF		_ 7		ME (First, Middle, Maide	n Surname)	
BE	19a. INFORMANT'S NAME (Type/Print)	TOW	10h MAILING AD	DDESS /Street s		OA HUGHES Poute Number, City or To	um State 7/a Ca	del
2	MARY L. THURLOW	(WIFE)				LTIMORE,		
	20a. METHOD OF DISPOSITION 1 □ Burial 2 🌣 Cremation 3 □ Remo	20b.	PLACE OF DISPOSITION Other place)				OCATION — City	
	4 Donation 3 Other (Specify)			TRO CRE			ALTIMO	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE O		23 CHIM	UNERS FUN	ERAL HOME	S, INC	•
	Eugene	Lastre	> 1			ANE, BALT	-	
	23. PART I. Enter the diseases, processors and the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	List Only one cause on aa	ch line!			ASPIRA		Approximata Interval Between Onaet and Death
ATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING							= = 1
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				_	
	PART II. Other algolificant condition	ne contributing to death bu	it not resulting in t	the undarlying	cause given in		N AUTOPSY	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL						PERFO	2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
								1 TES 2 NO
ž								
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	10	26. PL THER:	ACE OF OEATH (Chi	eck only one)		
1YS	1 TES 2 NO 27. MANNER OF CEATH	1 Inpatient 2 ER/Outpu 28a, OATE OF INJURY		☐ Nursing Hom		8 Other (Specify) 28d, DESCRIBE HOW	IN ILIBA OCCITE	DED.
4	1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y WO	RK?	200, DESCRIBE NOV	Madri occar	ico
COMPLETED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Special	— At home, ferm, stre	et, factory, offic		281. LOCATION (Stree City or Town, Sta	t and Number or e)	Rural Route Number,
빌	29a. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of my knowle	edge, death occurred a	et the time, date	and place, and dua	to the cause(a) and m	anner as stated.	
NG.	Conson only	ER: On the beals of examination						
EC	295. SIGNATURE AND TITLE OF CERTIFIES	/ //	///		29¢. LICENSE NUN	ADER	29d. DATE S	IGNED (Month, Day: Year)
0	SIX Th	m the	Lb	_	033	215	10	8/06/90
2	SE NAME AND ADDRESS OF PERSONALL	O COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pr	(ret)				
	24 DATE EN ED MAN AND MAN	22 200 100 100 100 100 100 100 100 100 1	W					
	31. DATE FILED TO Near)	Funa Varido	Tandell.					

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ansit permit, Pages 1, 2, 3 should

BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Fours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
BOX 13146,	ificate be executed wit	physician and comple ane prior to burial, cre	her traumatic even
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	requires that the death cert	en signed by the attending of Health and Mental Hygis	shows any injury, or of
ON OF VITAL H	JING PHYSICIAN: The law	After this certificate has be death with the State Dept.	marked, or item 23 s
DIVISIO	TO THE HOSPITAL OR ATTEND	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is

	FOR STATE OF MARYL STATE OF MARYL	AND / DEPARTMENT OF CERTIFICATE O		NTAL HYGIENE REG. NO.	
		Zenobia STo		DATE OF DEATH MONTH J U I YDAY 3 1 1	9 0 0 3. TIME OF DEATH
		(In yrs. last birthday) IF UNDER 1 YEA YRS. MONTHS DAY:		DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
OR	90. FACILITY NAME (II not institution, give street and number) Maryland General Hosp	ital Ba	n or Location of DEATH	9c. COUN	TY OF DEATH
DIRECTOR	10e, STATE 10b, COUNTY	10c. CITY, TOWN OR LO	CATION /	/	10d. INSIDE CITY
뚬	мб	Baltimo	re /		1 X YES 2 1 NO
AL.	10e. STREET AND NUMBER		10f. ZIP CODE	10g. CITIZ	ZEN OF WHAT COUNTRY?
FUNERAL	1609 Dartford Road, Apt		21221		
BY FUI	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IF FORCES? 1 YES, GIVE WAR OR D	2 NO If yes,	DECENDENT OF HISPANIC (specify Cuban, Mexican, P. 'ES 2 NO Specify:	ORIGIN? (Specify Yee or No— uerto Ricen, etc.)	14. RACE — American Indian, Black, White, etc. Specify: Black
0	15. OECEOENT'S EDUCATION (Specify only highest grade completed)	16a. OECEDENT'S USUAL OCCUPA	ATION most of working	16b. KIND OF BUSINESS/IND	USTRY
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) N / A N / A	(Give kind of work done during life. Do NOT use retired.) N / A		N/A	
₩ O	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAME	(First, Middle, Melden Surname)	
BE C	Brian Edward Towns		Tammy		larrison
10	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Stre	et and Number or Rural Rout	e Number, City or Town, State, Zip.	Baltimore Md nden Ave.2120
-	Medical Records Dept.				
	1 Burlei 2 Cremetion 3 Bemoval from State	bb. PLACE OF DISPOSITION (Name of other place) MOVAL	cemetery, crematory or	20c. LOCATION —	City or Town, State
	21. SHONATURE OF FUNERAL SERVICE LICENSEE	11.000.000	AND ADDRESS OF FACILI		
Ш	1 Smare Moure	0 - 0 20		y Board, Ba	
	"23. PART Enter the diseases, or complications that cause ahock, or heart failure. List only one cause on or		mode of dying, such a	s cardiec or reaplratory arr	reat, Approximata interval Between
	IMMEDIATE CAUSE (Finel disease or condition	c Respirato	ry Arres	st	Onset and Death
	reaulting in death) a Cordial	A CONSEQUENCE OF:	ry stres	8	Jun
z	Extreme	Prematur	Lty// Nony	iable	5 min
일	if any, leading to immediate	A CONSEQUENCE OF):)		1
할	CAUSE (Disease or injury	A CONSEQUENCE OF):			
CERTIFICATION	that initiated events resulting in death) LAST	A GOTTOLOGIATOR OF J.			į
	PART II. Other significent conditions contributing to death	hui and reculing in the conde	les sous elemente De	rt I. 24s. WAS AN AUTOPSY	
ICAL	21 WKS grafat		s gestatio	PERFORMEO?	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MED				_	1 TES 2 NO
ž					
CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OTHER:	L PLACE OF DEATH (Check	only one)	
PHYSICIAN:	1 ☐ YES 2 ☑ NO 1 1 ☑ Inpatient 2 ☐ ER/Out 27. MANNER OF DEATH		fome 5 Residence 8	Other (Specify) Indicate the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	Olinen
ВУ РЬ	1 Nitural 5 Pending (Month, Day, Year)	INJURY	INJURY AT WORK? YES 2 NO	sa. DESCRIBE HOW INJURY OC	COHED
8	ACCIONIN -	Y — At home, farm, street, factory, oscily)	office 28	Sf. LOCATION (Street and Number City or Town, State)	r or Rurel Route Number,
COMPLET	29e. CERTIFIER			·	
MP	(Check only one) 2 MEDICAL EXAMINER: On the bast of my known one) 2 MEDICAL EXAMINER: On the baste of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examinations of examin				
	29h. BIGNATUREAND TITLE OF CERTIFIER	1	29c. LICENSE NUMBE		E SIGNED (Mogth, Day, Year)
BE (di Watelli	MO	D30109	>	13190
10	JE NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D	i _ c/9		General Ho	spital
	31. DATE FILED (Mogin, Pay, Year) " 182. REGISTRANSSIG	, M. D. 0 / ary 10	end ocus	ias Nospite	Ч
	MILL / 1441 CHARLE WELHOLDEN	AUDIO /		*	

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for use as the

detached

funeral director, page 5 should be pe must examiner filled in by the medicai 5 signed by the attending physician and completely fille Health and Mental Hygiene prior to burial, cremation, the executed within event, traumatic death certificate be other 10 injury. law requires that the any shows a has been : Dept. of h 23 The tem DIRECTOR: After this certificate I hours after death with the State OR ATTENDING PHYSICIAN: 6 marked, 50 28 item TO THE HOSPITAL
TO THE FUNERAL I
De filed within 72 h
IMPORTANT: If II HOSPITAL

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 3:35 AM REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) Derrell 3. TIME OF DEATH 2. DATE OF DEATH WONTH UT Y DAY 31 19,90 Edward Towns 35 A 90 1-N1500 /win 4. SOCIAL SECURITY NUMBER 8. AGE (in vrs. lest birthdev) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. Marylan HOURS 1 NM 2 DF 10 YRS 7 31 ma 98. FACILITY NAME (If not inetitation, ghan y land G TOWN OF LOCATION OF DEATH
Baltimore City 9c. COUNTY OF DEATH General/ Hospital DIRECTOR 21/timare 18 mere 10c, CITY, TOWN OR LOCATION 10s. STATE 10b. COUNTY 10d. INSIDE CITY MD Baltimore 1XX YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 101, ZIP CODE 1609 Dartford Road, Apt.#B 21221 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Maxican, Pusrto Rican, atc.) 14. RACE — American Indian, Black, White, etc. 1 X Never Merried 2 Married 1 TYES 2 NO Specify: BY Black 3 Wildowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 165 KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) N/A N/A N/A N/A 17 FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Brian Edward Tammy Zenobia Harrison Towns notified at BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zin Code)
Maryland General Hosp./827 Linden Ave. 21201 19a. INFORMANT'S NAME (Type/Print) 0 Medical Records Dept. 20s. METHOD OF DISPOSITION
1 □ Burisi 2 □ Cremation 3 □ Removal from State
4 □ Donation 9 □ Other (Specify) 1 □ S T a U 20b. PLACE OF DISPOSITION (Name of cur other paica) Yemovai 20c. LOCATION - City or Town, State 21. SIGNATURE QE FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY 23. PART i. Enter the diseases, of complications that caused the death. Do not enter the mode of/dying, such as cardiac or respiratory errest, shock, or haart fallure. List only one cause on each line. Interval Between Respiratory Arrest Onset and Death IMMEDIATE CAUSE (Final Cardiac disease or condition OVORO C esting resulting in death) Extreme Remetivity Nonviable CERTIFICATION MAY. Sequantially list conditions, DUE TO JOR AS A CONSEQUENCE OF If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY MEDICAL AVAILABLE PRIOR TO estation COMPLETION OF CAUSE OF DEATH? weeks Weeks gestation 21 1 TES 2 X NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 ☐ YES 2 🔯 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27 MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be COMPLETED 4 Homicide determined 1 YCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piace, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of sxamination snd/or investigation, in my opinion, death occured at the time, dats and place, and due to the cause(s) snd menner se stated. 29b. SIGNATUME AAD TITLE OF CERTIFIE 29d. DATE SIGNED (Month, Day, Year) BE 40 D30109 9 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, John Sante 11 1 May (Print), O Maryland General Hospital

32. REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89

31.

		FOR
ı	_	STATE
ı	_	REGISTRAR

1 - STATE REGISTRAR	STATE OF MARY	CERTI	FICATI	E OF			AEN IAL	REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)	HERMAN	MILTON (2. DATE OF DEATH MONTH DAY YEAR			YEAR 90	1:20 Am	
216249081	1 D 4 2 D F	(In yrs. lest birthday	MONTHS	DAYS	IF UNDER HOURS	MIN.	12	DE BIRTH Day, Year)	28	Countr	RYLAND
9a. FACILITY NAME (If not institution, give street HARBOR HOS FUT RESIDENCE OF DECEDENT	AL CEI	UTER		,	TIM:		-	ity	1000	A A	EATH
10a. STATE 10b. COUNTY		10c. C	ITY, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
	Arundel	Ba	altim	_			yn Pa	ark)			1 TES 2XXNO
100. STREET AND NUMBER 609 Lorca Avenue	•			101	. ZIP CODE	: 2122:	r		10g. CITI		VHAT COUNTRY?
	2. WAS DECEDENT EVER	IN U.S. ARMED	13.	WAS DEC			-	? (Specify Ye	a or No—	USA 14. RACE	E — American Indian,
1 Never Married 2 X Married 3 Wildowed 4 Divorced	S 2 NO DATES			2 X NO		, , , , , , , , , , , , , , , , , , , ,				k, White, etc. Hy: White	
15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)		Ille. Do NOT	of work done use retired.)	during mo	st of workin			KIND OF BU			
8th 17. FATHER'S NAME (First, Middle, Last)		Retire	100	I Cr	1				ting	nous	e
Alonzo Thomas						Pyl	nt, Middle, Maiden Sumame) Vles Upton				
19a. INFORMANT'S NAME (Type/Print)	Upton	19b. MAILI	NG ADDRES	S (Street				oer, City or Tox		Code)	
Mrs. Mary M. Upt	on	609 l	_orca	Ave	nue,	Bal	timor	re, Ma			21225
20a, METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Remov 4 Donation 5 Other (Specify)		Lake Vie	SM WE	mori	al Pa	ark			CESVI	,	Maryland
21. SIGNATURE OF FUNERAL SERVICE LICE	Kevin E	E. Ecker	M 2	cCul 37 E	ly Fu	iner taps	al Ho co Av	ome of	f Broo	oklyi	a. 21225
shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	HEPAT					La fa	0.5				Onset and De
Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ASPIR.	A CONSEQUENCE	OF):		MO						
PART II. Other significant conditions METABOU	contributing to desth		g in the u	indsrfyin	g cause	given in	Part I.	24a. WAS A PERFO	PRMED?	248	WERE AUTOPSY FINDII AVAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1 YES 2 NO
	HOSPITAL:		ОТНЕ	R:	LACE OF D						
27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJUR (Month, Day, Year	Y 26b. 1	ursing Home 5 Residence 8 Oth 28c, INJURY AT WORK? 1 YES 2 NO				DESCRIBE HOW INJURY OCCURED				
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	n, street, fa				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
29e. CERTIFIER (Check only one) 1 D CERTIFYING PHYSIC 2 MEDICAL EXAMINER											a) and manner as state
29b. SIGNATURE AND TITLE OF CENTIFIER	2 1] m.	٥.		29c. LIC	244	MBER G	1-21	29d. DA1	TE SIGNE	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF		ype, Print)		29c. LIC	244	MBER G L	1-21	29d. DA1	TE SIGNE	Month, Day, Yea

BALTIMORE, MARYLAND 21203-37 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be directled by the attending physician and completely filled in by the funeral director, page 5 should be directled by the attending physician and completely filled in by the funeral director, page 5 should be directled for use at filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

mit. Pages 1, 2, 3 should

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

OHMH-16 Rev 1/89

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		(ERTIF	ICATE C	F DEATH		REG. NO.	_				
t. DECEDENT'S NAME (First, Middle,	Last)	-					TE OF DEATH		VECT	3. TIME OF DE	ATH	
Joseph	WHITNE	Υ			8	NTH / 6/	YEAR	6:30	Ам			
4. SOCIAL SECURITY NUMBER	Harry 5. SEX	6. AGE (In yrs.		IF UNDER 1 YE	AR IF UNDER 24 HRS		TE OF BIRTH		8. BIRTI	HPLACE (State or	Foreign	
213-12-6674A	13-12-6674A 1 ₩ 2 □ F 74 YRS. MONTHS					. 3	onth, Day, Yhar)			lary land		
9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUN										TY OF DEATH		
Franklin Squar	e Hospital			Rose	dale			Ba 1	timo	re Coun	tv	
RESIDENCE OF DECEDEN	т			21000				DWI	o mio	C OOUII	0,5	
	altimore									1 YES 2		
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT CO												
1207 Ridgeshire Road 21222 U.S.A.												
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— It. RACE — American Indian, Black, White, stc. Black, White, stc.												
To Never Merried 2 Merried IF YES, GIVE WAR OR DATES t YES 2 MD Specify: American												
15. DECEDENT'S		160	DECEDENT'S	USUAL OCCU	PATION		16b. KIND OF BUS	RINESS/IN	DUSTRY	White		
(Specify only highest	grade completed)		(Give kind of life. Do NOT u	work done durin	g most of working		IOU. KIND OF DO.					
Elementery/Secondary (0-12) 8th	College (1-4 or 5		Millwi	tight			Beth.	rp.				
17. FATHER'S NAME (First, Middle, La	st)				te. MOTHER'S	NAME (Fire	st, Middle, Maiden			-		
Harry J. White					Mary							
t9e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (St	reet and Number or Ru			n, State, Zi	p Code)			
James E. Pice	k				ST., Bal							
20e. METHOD OF DISPOSITION		20b. PLA	CE OF DISPO		of cemetery, crematory					own, State		
1 □ Buriel 2 □ Cremetion 3 □ 4 □ Donation 6 □ Other (Specify,		8/8			Heart O							
21. SIGNATURE OF FUNERAL SERVI		1 -7 -7		22, NAN	E AND ADDRESS OF	FACILITY				-		
Maeter Do	1 6.				lter Dab							
			4 4 5		05 DUnda						_	
23. PART I. Enter the diseases ahock, or heart fel	i, or complications the interest in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the comple			not enter the	mode of dying, a	auch ea c	ardiec or reap	iretory at	rreat,		Between	
iMMEDIATE CAUSE (Fine) disease or condition										Onaet	ind Death	
resulting in death)	. Gastr	<u>ointest</u>	inal l	Bleedi	ng					_		
		O (OR AS A CON	SEQUENCE O	F):								
Sequentially list conditions,	Sepsi	O (OR AS A CON	SECHENCE O	E):								
if any, leading to immediate cause. Enter UNDERLYING	502 .	o (011 AO A 0011	OLOOLINOE O	. ,.						j		
CAUSE (Disease or Injury	c. DUE TO	O (OR AS A CON	SEQUENCE O	F):				+				
that initiated events resulting in death) LAST		, = 0										
	d											
PART II. Other eignificent con				in the under	lying ceuse given	in Part i	. 24e. WAS AN		24	b. WERE AUTOPS		
	ive Heart	Failure					1 _ YES 2 NO			COMPLETION OF CAUSE OF DEATH?		
Prostat	e Cancer									t TYES 2	NO ON	
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HQSPITAL:				6. PLACE OF OEATH	(Check onl	y one)					
1 VES 2 NO	1 X Inpatient 2	☐ ER/Outpatient	3 🗆 DOA	OTHER: 4 - Nursing	Home 6 - Reelden	nce 6 🗆 C	Other (Specify)					
27. MANNER OF CEATH	28a. OATE ((Month,	Day, Year)	20b. Till	ME OF 28	:. INJURY AT WORK?	28d.	OESCRIBE HOW	INJURY O	CCURED			
1 Natural 5 Pending 2 Accident Investig					YES 2 NO							
3 Suicide 6 Could n	ot be building	OF INJURY — At g, etc. (Specify)	home, farm,	street, factory,	office		LOCATION (Street and Number or Rural Route Number, City or Town, State)					
4 Homicide determi	ned											
29e. CERTIFIER (Check only 1 CERTIFYING	PHYSICIAN: To the best	of my knowledge	, death occur	red at the time,	date end place, end	due to the	cause(e) end me	nner ae st	ated.			
000) —	AMINER: On the beals of	examination and	or investigati	on, in my opini	on, death occured at	the time,	data and place, as	nd due to	the cause	(s) and manner s	a ataled.	
29b. SIGNATURE AND THE OF CE	RTIFIER /				29c, LICENSE	NUMBER		29d. D4	TE SIGNE	D (Month, Day, Ye	nar)	
X 1/ Thom					N/A			8/6/				
30. NAME AND ADDRESS OF PERSO	· ·	USE OF DEATH (TEM 27) (TVD	e, Print)	1 11/2	1		1	0/ 0/	50		
Nadine Thoma					Drive Ral	timo	re Mary	land	212	37		
	3 M.D. 300	RAR'S SIGNATUR		quale	DI IVE Dal	CTIIIO	ie mary	Tallu	414	57		

BALTIMORE, MARYLAND 21203-31 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Americans after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use an be filed within 72 hours after death with the State Dept. of Health and Memtal Hyglene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

bermit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

AUG 0 7 1990 Girlie Sevidson Render

TO BE COMPLETED BY FUNERAL DIRECTOR

permit. Pages 1, 2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

									-					
									2. DATE OF DEATH DAY YEAR JULY 31 1990 3. TIME OF DEATH				3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR							IF UNDER	24 HRS.	7. DATE OF B			IPLACE (State or Foreign		
	212-32-0080 1 M 2 XF 87				YRS.	MONTHS	DAYS			(Month, Day, Year)		Country)		
Z12 32 0000 X 07							TY, TOWN OR LOCATION OF D			June 4 19				1 1 1 1 1 1 1
9s. FACILITY NAME (if not institution, give street and number)									UN OF DE	EATH			NTY OF D	
16916 Big Falls Road							onk	ton				Ba	Itimo	ore
RESIDENCE OF DECEDENT 10. STATE 10. COUNTY 10. COUNTY 10. COUNTY 10. COUNTY TOWN OF LOCATION 10.											to a minute over			
											10d. INSIDE CITY LIMITS?			
Maryland	, l	Baltimore	3			Mo	nkto	on						1 TYES 2 NO
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT											WHAT COUNTRY?			
16916 Big	Falls	Road					-	21	111				USA	4
11. MARITAL STATUS		12. WAS DECEDEN	NT EVER IN	U.S. ARI	MED	13.	WAS DE	CENDENT (OF NISPAN	NC ORIGIN? (S	pecify Yes	or No-		E — American Indian,
1 Naver Married 2 🔲	Warried	FORCES? 1	I YES	2 🕽	10					n, Puerto Ricen	, atc.)			k, White, etc.
3 🔀 Widowed 4 🗌 Divor	ced	IF YES, GIVE Y	MAR OR D	AIES			1 TES	2 X NO	Specify	y:			Spec	#y: White
15. DECE	DENT'S EDU	CATION		16a DE	CEDENT'S	USUAL O	CCUPATI	ON		16h KIN	D OF BUS	SINESS/IN	DUSTRY	
(Specify only	highest grade	completed)		(GI	ve kind of a	work done	during m	ost of world	ng	1000	0, 000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Elementary/Secondary (0-	12)	College (1-4 or 5	+)	<i>III</i> 0.	50 1107 5			:£-			ш			
					Housewife								nake	T
17. FATHER'S NAME (First, Mi										ME (First, Middle				
Thomas Bill	ıngsle	ey						L	ottie	Day	Curr	. У		
19a. INFORMANT'S NAME (Ty				198	. MAILING	ADDRES	S (Street	and Numbe	r or Rural	Route Number, C	Ity or Tow	n, State, Zi	p Code)	
Virginia W.	Blan	chard			sar	ne a	s 10	e.						
20a METHOD OF DISPOSITI	ON		20h	. PLACE	OF OISPO			metery, crer	natory or		20c. LO	CATION —	City or To	own, Stata
1 N Burial 2 - Cremation	n 3 🗆 Rem	oval from Stata		other ple	ece)					,				
4 Donation 5 Other		Ever 17 0.	- 1 IVI	UHK	COLL	CHUI	CIT	Ceme	es of F	ČILITY	[][V]	ULIKI	tori,	Md.
21. SIGNATURE OF POMERA	and	J. C.	u	7		22	Lemi	non-	Mitc	hell-Wi	edef	eld		
P	В	ryan W.	Ca	ry						arylan				
23. PART I. Enter the	100 202001	complications the	et calica	d the de	eth Do	_							rest	Approximate
		List only one ce				not ente	ting in	oue or uy	my, suc	m as cerulec	OI Teepi	ratory at	1001,	Interval Between
IMMEDIATE CAUSE (Fin	al				0									Onset and Death
disease or condition	→	_ (4	5									
	•	OUE TO	O (OR AS	CONSE	DUENGE O	F):								
Sequentially list conditi		DUE TO	OR AS	CONSE	DUENCE O	F):								
If eny, leeding to immed ceuse. Enter UNDERLYI														
CAUSE (Disease or Inju	ry 🚡	C. DUE TO	OR AS	CONSE	DUENCE O	F):								
resulting in deeth) LAS	r					,								
		d												+
PART II. Other significa	nt condition	ns contributing to	deeth b	out not r	esulting	In the u	nderfylr	g ceuse	given in	Part 1. 244		AUTOPSY	24	b. WERE AUTOPSY FINDINGS
											PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE
										1 {	YES 2	□ NO		DF DEATH?
														1 YES 2 NO
25. WAS CASE REFERRED TO	MEDICAL						26. F	LACE OF 1	DEATH (C	neck anly one)				
EXAMINER?		HOSPITAL:	□ 50/0·/·		Пров	OTHE		- 2451 -						
1 YES 2 NO		28a, DATE O		-attent 3	26b. TIN			JURY AT	maidenca	6 Other (Sp		M H IPPV A	COLUMN	
	Pending		Day, Year)			JURY	W	ORK?	7	zed. DESCRI	DE NUW	HJURT O	COMEO	
	rending					М		YES 2	NO					
3 Suicide 6 Could not be 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route City or Town, State)									Route Number,					
4 Homicide	detarmined		1777							3., 5. 10	., 0.0.0)			
29a, CERTIFIER 1 CERT	IFYING PHYS	ICIAN: To the best o	of my know	riedge de	ath coor-	rad at the	time de	a and also	a and de-	to the owner's	a) and ~-	nner en ci	ated :	
CONSUM ONLY														(a) and menner as stated.
2 _ <u>MEDI</u>	CVAMINI	On the beat of		··· erru/Of	vestiGati	vii, iii my	ориноп,	with Occi	neu at the	wine, data and	pieca, ar	~ oue 10 1	CHUSO	ay and menner am stated.
266. SIGNATURE AND TITUE	OF CERTIFIE	5			1			29c. LJC	ENSE NU	MDCR		29d. DA	TH SHONE	g (Month, Day, Mar)
D12795 18/2/90								90						
30. NAME AND ADDRESS OF	PERSON W	O COMPLETED CAL	USE OF DE	EATH (ITE	M 27) (%o	e, Print!	_			///		6/	0-1	
Description of the second					00.1014	3. 11.	Ch	مامو	. C1.	400t - T	T01115	on	MAN	21204
Pieter Hit:		32. REGISTR	ADVE OLO	LATURA	020	o IV.	<u>Un</u>	aries	5 311	reet,]	OWS	UII,	wa.	21204
31. DATE FILED (MORIT, Day,	roar)	1. MEGISTA	Mana											

TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

DHMN-16 Rev 1/89

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 cours after death. Page 6 may be manned by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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	FOR STATE REGISTRAR		STATE OF I	MARYLA				EALTH AND I	MEN1	TAL HYGIEN REG. NO.	E	3 0	21021
	1. DECEDENT'S NAME (First		RICE	Veat	trice	3. Ya	nkel L O	off FF		TE OF OEATH	5 9	70 7	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 302-10-	1099	5. SEX 1 M 2 F	6. AGE (II	73 YRS.	IF UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.	(M	TE OF BIRTH Corth, Day, Year)	917	8. BIRTNPL Country)	ACE (State or Foreign
5	ST. JOSE	SPH	HOSPI	TAL		9b. CIT	TOI	NSON			9c. COUN	altim	ГН
5	RESIDENCE OF DEC												
DIRECTOR	Maryland		Baltimor	е	10e. Cl			rstown				1	DI. INSIDE CITY LIMITS? YES 2 K NO
EHAL	100. STREET AND NUMBER		gon Rd.	Apt	t. E		101	. ZIP CODE	136	5		ted S	tates
BY FUNER	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 X Olw		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YE\$	2 X NO	If yes, specify Cuben, Mexican, Puerto Rican, etc.)					14. RACE — Black, V Specify:	American indian, White, etc.	
15. OECEOENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. OECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY													
Seamstress Ret.													
E COMPLET	17. FATHER'S NAME (First, Middle, Leet) David Bradley Gertrude Phillips												
TO BE	19a. INFORMANT'S NAME (Hazel	Type/Print) M. Ca	rr		19b. MAILIN			on Rd.				Code)	136 Apt.E
	20a. METHOD OF DISPOSIT			20b.	PLACE OF DISP			netery, crematory or				City or Town	
	1 X Burial 2 Cremati 4 Donation 5 Othe		oval from State	_ (other place) Dak Lawr	Cen	eter	v 8/8/9	00	В	altir	nore	Maryland
	21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEE NAT 14	-1-1		1 0		ND ADDRESS OF FA	CILITY		1111-10-	1101 C	riar y zario
	> milte	wh	mysell	4	Knight C	L		rd J. Ru		Inc.			ord Rd.
	23. PART I. Enter the c shock, or h IMMEDIATE CAUSE (FI	neert fellure.	complications thi List prily one ca	it coused use on ea	ech line.								Approximata interval Between Onset and Death
	diseese or condition resulting in death)	\rightarrow	o. Mel	OR AS A	CONSEQUENCE	OF):	us	ng Ce	ri	ein	m	ra	
N	Sequentially flat condi	tions,	b	(OR AS A	CONSEQUENCE	OE)							
RIFICATION	If any, leading to imme cause, Enter UNDERLY CAUSE (Disease or in)	/ING	c										
ш	that initiated events resulting in death) LAS	st	d	(OR AS A	CONSEQUENCE	OF):							
2	PART II. Other aignific	ent condition	ne contributing to	death b	ut not reaultin	in the	ınderiyin	g cause given in	Part i				/ERE AUTOPSY FINDINGS
<u> </u>										PERFO	Impo!	C	MAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC										1.0.191			F DEATH?
2													
¥	25. WAS CASE REFERRED	TO MEDICAL					26. P	LACE OF DEATH (C	heck on	ly one)			
S	EXAMINER?		HOSPITAL:	☐ ER/Outp	atlent 3 DOA	4 D N		ne 5 🗆 Residence	8 🗆 0	Other (Specify)			
Y PHYSICIAN:		Pending Investigation	28a. DATE O (Month,	F INJURY Day, Year)		IME OF NJURY M	W	JURY AT ORK? YES 2 NO	28d.	OEŞCRIBE HOW	INJURY OC	CURED	
TED BY	2 Accident 3 Suicide S 4 Nomicide	Could not be determined		OF INJURY , etc. (Spec	— At home, farm	ı, street, fi	ectory, offic	20		LOCATION (Street City or Town, State		r or Rural Roo	ste Number,
COMPLETED	CONDUM ONLY		ICIAN: To the best of										and manner as stated.
ш	29b. SIGNATURE AND TITL	E OF CERTIFIE	R	7.	16. 3		, λ	29c. LICENSE NU	MBER		29d. DAT	E SIGNED (Month, Pay, Year)
0 8	Mea	lung	T.K	Jes	you,	131	.0.	016	4	92	> 8	15	190

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	rked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified	
with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	nedical	
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Wilson E. Adams)				2. DA	E OF DEATH	DAY Y	90 3.	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 219–20–5700	5. SEX 1 😿 M 2 🗍 F	6. AGE (In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24	HRS. 7. DAT	E OF BIRTH oth, Day Year)	8.		ACE (State or Foreign
98. FACILITY NAME (If not institution, give PERPY POINT RESIDENCE OF DECEDENT		D. CENTUR	96. CITY, TOWN O	PR LOCATION		7,m)	9c. COUNTY		
10s. STATE 10b. COUNTY 10b. STREET AND NUMBER	REFORD	CO, C/	Y, TOWN OR LOCAT	ZIP CODE	5	C179	10g. CITIZE	1	od. INSIDE CITY LIMITS? YES 2 AO AT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES?	TEVER IN U.S. ARMED VES 2 NO MAR OR DATES	If yes, sp	ENDENT OF Health Cubert, I	faxican, Puerl		Yes or No — 14	Specify:	American Indian, White, etc.
15. DECEDENT'S Et (Specify only highest gra Elementapy Secondary (0-12)	OUCATION de completed) College (1-4 or 8	(Give kind of title Do NOT ut	USUAL OCCUPATION Work done during more retired.)		1	6b. KIND OF E	BUSINESS/INDUS	STRY	
17. FATHER'S NAME (First, Middle, Last) GEORGE 19a. INFORMANT'S NAME (Type/Print)	ADAM	15	ADDRESS (Street a	J	S NAME (Firs	7	ROB.		son
20s. METHOD OF DISPOSITION 1 MF Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE		20b. PLACE OF DISPO: Other place)	AME SITION (Name of cer	A	SARD	BoVe	LOCATION - CHE EL AII		State MORILES
23. PART I Enter the diseases, o mock/ or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Hepati	c decompense (OR AS A CONSEQUENCE O	ntion sec			ardiac or rea	apiratory arres	st,	Approximata Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	Hepati	(OR AS A CONSEQUENCE O							
PART II. Other significant condition	ons contributing to	death but not resulting	In the underlyin	g cause giv	en in Part I.	PERF	AN AUTOPSY FORMED?	C	ZERE AUTOPSY FINDINGS MALLABLE PRIOR TO OMPLETION DF CAUSE F DEATH? YES 2 NO
	HOSPITAL:		OTHER: 4 Nursing Hon E OF 28c. IN.	JURY AT	lenca 8 🗆 O	ther (Specify)	W INJURY OCCU	RED	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	28s. DATE Of		JURY WO	DRK?					
EXAMINER? 1 VES 2 NO	(Month, i	OF INJURY — At home, farm, etc. (Specify)	M 1 🗆	YES 2 P	281. L	OCATION (Streity or Town, Ste	et and Number or ets)	r Rural Rou	rte Number,

AVELINA HERNANDEZ, M.D., VAMC PERRY POINT, MD 21902
31. DATE FILED (Month, Dey, Year) 32. REGISTRAR'S SIGNATURE

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BALTIMORE, MARYLAND 2

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-rours after death. Pape 6 may be managed by the incurrent TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be democracy be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

20 30 0111		
FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL H	YGIEN
REGISTRAR	CERTIFICATE OF DEATH BI	EG. NO

1 - REGISTRAR				CERTIFIC	CATE O	F DEATH		REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)							OF DEATH		200	3. TIME OF DEATH
	Br	cian	Euge	ene	Ad	ams	MONTH 8-	-4-90 ^m	Υ	YEAR	7:50PM M
4. SOCIAL SECURITY NUMB		8. SEX 1 ☑ M 2 ☐ F	6. AGE (In yr.	9 YRS.	IF UNDER 1 YEA MONTHS DAY	HOURS MIN.	12-0	OF BIRTH , Day, Year) 01-60		Count	Maryland
9a. FACILITY NAME (If not in I-95 North			Ave.			n or location of d ltimore C			BALT		RE COUNTY
RESIDENCE OF DEC	EDENT										
10e. STATE	10b. COUNTY			10c. CITY,	TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?
Maryland	Balt	imore		Rose	edale						1 X YES 2 NO
100. STREET AND NUMBER 7933 33 rd.	Stree	t				21 237			10g. CITI		WHAT COUNTRY?
11. MARITAL STATUS 1 X Never Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	X NO	If yes,	BECENDENT OF HISPA specify Cuban, Maxic PES 2 1 NO Speci	an, Puerto R		or No-	14. RACI Bleci Spec	E — American Indian, k, White, etc. #y: White
15. DEC	EDENT'S EDU	CATION	164	DECEDENT'S L			16b.	KIND OF BUS	SINESS/IND	USTRY	
Elementary/Secondary (0		College (1-4 or 5		Iffe. Do NOT use	retired.)	most of working					
12			1	isable	<u>d</u>			N/A			
17. FATHER'S NAME (First, M						18. MOTHER'S N					
Harry 19a, INFORMANT'S NAME (1	I. Ad	ams		19h MAILING	ADDRESS (Strai	DOTO.		P. Nic		Codel	
Dorothea P.						Street, B				,	737
20a. METHOD OF DISPOSIT	ION		20b. PL			cemetery, crematory or		20c. LO	CATION —	City or To	own, State
4 Donation & Other	(Specify)			kwood C	emeter	.y					Maryland
21. SIGNATURE OF FUNERA	SERVICE LIC	CENSEE	the	-	ROBE 6009	AND ADDRESS OF F RT C. ALT Harford	ENBUR Rd.,	G FUNE Balt	ERAL	HOME N	E, INC. ND. 21214
22 PART I. Enter the d		complications the									Approximate
immediate cause (Fig		List only one cat	ise Di each	prie.							Onset and Death
disease or condition	101	MULTIP	CE THE	TIDTEC							
resulting in death)				NSEQUENCE OF	7):						
Sequentially list condit	tons C	b									
If any, leading to imme cause. Enter UNDERLY	diate	DUE TO	(OR AS A CO	INSEQUENCE OF	7):						
CAUSE (Disease or inju		C. OUE TO	(OR AS A CO	NSEQUENCE OF	j:						
resulting in death) LAS	т	d.									
PART II. Other aignifice	nt condition	ne contribution to	doeth but	not moulting i	n the under	ulan sauca aluan l	n Bart I	24a, WAS AN	ALITODOV	1 24	b. WERE AUTOPSY FINDINGS
		na contributing to	Geath Dut I	not resulting i	ii the unteri	ying cause given i	il Part I.	PERFO		241	AVAILABLE PRIOR TO COMPLETION OF CAUSE
Schizophr	enia						— 1	XXXXES 2	□ NO		OF DEATH?
							— 1			1	XXX YES 2 NO
25. WAS CASE REFERRED TEXAMINER? 1 XXES 2 NO	O MEDICAL	HOSPITAL:	T ER/Outcotte	* * □ 204	OTHER:	PLACE OF OEATH (C			SCE	ne	
27. MANNER OF DEATH		26a. DATE O		28b, TIMI		Home 5 Residence		SCRIBE HOW			
1 Netural 5	Pending Investigation	8-4-	Day, Year)	6:53	URY	WORK?	Sub	ject s	stepp	ed i	n way of
2 Accident 3 Suicide 8	Could not be	28e. PLACE (OF INJURY — , atc. (Specify)	At home, farm, s		office	28f. LOC	ATION (Street	and Numbe	or Rumi	Route Number
4 Homicide	determined			Roa			BALL	THORE (JOQ MIT	-14-	hesaco Ave.
29a. CERTIFIER 1 CER	TIFYING PHYS	SICIAN: To the bast o	f my knowledg	ge, death occurre	ed at the time,	data and place, and de		use(a) and ma	nner as sta		Lyrand
one) 2 XMED	ICAL EXAMIN	ER: On the basis of	examination er	nd/or investigatio	n, in my opinio	n, death occured at th	ne time, date	end place, as	nd due to ti	he cause	(a) and manner as stated.
296. SEGNATURE AND THE	of contribu	0				29c, LICENSE N			29d, DAT		D (Month, Day, Year) 5–90
FRANK PERE	F PERSON WI	HO COMPLETEO CAL	ISE OF DEATH	111 Pe	enn Str	eet,Balti	lmore,	,MD 21	201		VC
31. DATE FILED (Month, Day)		32. REGISTR	AR'S SIGNATI	IRE TO SEE							
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BALTIMORE, MARYLAND 21203-3146	is nouns after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. In or removal. The medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 cours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARY					EALTH DEAT		MENTAL	HYGIENI REG. NO.			L.000
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH DA	,	YEAR	3. TIME OF DEATN
1	Rona		E.	B	lack	well			8-	4-90			7:50PM M
	016 40 0755	No.	E (In yrs. lest t 47	VRS.	MONTHS	1 YEAR DAYS	IF UNDER HOURS	24 HRS. MIN.	(Month	of Birth 1, Day, Year) 3-1943		Country	PLACE (State or Foreign) Md
OR	9a. FACILITY NAME (If not institution, give street 1800 block E. Lafe		eet		9b. CITY		H LOCATION				9c. COUNT	Y OF DE	EATN
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			10c. CIT	Y. TOWN (OR LOCAT	ION					$\overline{}$	10d. INSIDE CITY
DIRECTOR	Md				alti	nore							LIMITS?
FUNERAL	1020 Wicklow Ro	ad				101	212	229			1.5	S A	HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, OIVE WAR OR	S 2XXNO	ED	If yes, specify Cuban, Mexican, Puarto Rican, etc.) 1 ☐ YES 2 X NO Specify: Specify: Specify:								
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5+) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 17. FATHER'S NAME (First, Middle, List) DOCUMENT OF BUSINESS/INDUSTRY													
	17. FATHER'S NAME (First, Middle, Last) Reginald E. Black	(wall							ME (First, I	Middle, Maiden	Sumame)		
B	19a. INFORMANT'S NAME (Type/Print)	(WETT	196	MAH INC	ADDRES	S. (Street s				ber, City or Town			
5	Helen E. Bowman			1020) Wid	cklo	w Roa	ad I		imore,	Md 2:	1229	
	2pa, METNOD OF DISPOSITION 1X Burial 2 Cremation 3 Remon 4 Donation 5 Other (Special)	206. PLACE O	TUS	Memo	oria	netery, crem 1 Par	netory or		1110	cation — co outus			
	21. SIGNATURE OF FINNERIAL BETWICE LICE	NSEE SIL	ban			NAME A	ND ADDRE	SS OF FA		t Avenue			
	23. PART I. Enter the diseases, or co			th, Do	not enter						ratory srre	st,	Approximete
	shock, or heert fellure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Gunshot		of	ches	t							Interval Between Onset and Death
		DUE TO (OR A	S A CONSEQU	UENCE O	F):								
TION	Sequentially list conditions, if eny, leading to immediate	DUE TO (OR A	S A CONSEQU	UENCE O	PF):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Diseess or injury that initiated events resulting in deeth) LAST	DUE TO (OR A	S A CONSECU	UENCE O	OF):								
				401					5.41				, WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	PART II. Other significant conditions	contributing to deat	n but not re	euiting	in the u	nderiyin	g ceuse	given in	——————————————————————————————————————	24a. WAS AN PERFOR	MED?		MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					28. P	LACE OF D	DEATH (Ch	eck only o	ne)	_		
SICI	EXAMINER? XXXYES 2 \(\text{NO} \)	HOSPITAL: 1 Inputient 2 ER/C	Outpatient 3	□ DOA	OTHE 4 - Nu	Ft: rsing Nor	ne 5 🗆 R	asidence	XX Oth	er (Specify)	Str	eet	
PHY	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJUI (Month, Day, Yea 8-4-90	RY ar)	285. TII IN 7:	ME OF JURY 44 PM	28c. IN. W	JURY AT DRK? YES 2X	™ NO	7.7	scribe How i bject		URED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28a. PLACE OF INJ building, atc. (3	URY — At hon Specify)		street, lac	ctory, offic	CM		28t. LOC	CATION (Street or Town, State	and Number		Route Number, ayette St.,
国		HAN: To the best of my ki				time dat	and place	a and due					
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BE	295 SIONATURE AND TITLE OF CERTIFIER	Valle						ENSE NU	MBER		29d. DATE		(Month, Day, Year)
2	30 NAME AND ADDRESS OF PERSON WHO		DEATN (ITEN				1.		3				
	MARGARITA A. KOF 31. DATE FILED (MONTH) PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY		In A		.1 Pe	nn S	itree	et,Ba	altim	ore,M	2120)1	VC
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3t. DATE PIKED (Month, Day, Year)

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH YEAR 2:35 A " NEVA , BAFFORD EILEEN. 8 90 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF CHATH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. DAYS HOURS 1 🗆 M 2 🔂 213,-12-8226. 68 YRS. 11-8-21 Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF CEATH Bon Secours Hospital Baltimore City DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY toe, CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY Maryland Anne Arundel Glen Burnie 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 607 Old Stage Road 21061 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black, White, atc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Marrie Specify: White BY 3 🔀 Widowed 4 🗌 Divorced PEETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 8th. Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John Linwood Patterson Laura Virginia Ahl BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Jeffrey Alan Bafford 607 Old Stage Road; Glen Burnie, Md. 20e. METHOD OF DISPOSITION
1 A Burlel 2 Cremetton 3 Re 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION --- City or Town, State Meadowridge Memorial Park Elkridge, Maryland 4 Donation 5 Other (Specify) 21. SIGNATURE QE FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Howard H. Hubbard Funeral Home, Inc. 4107 Wilkens Avenue; Baltimore, Md. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximete shock, or heart failure. List only one cause on each line interval Between IMMEDIATE CAUSE (Fine) Onset and Deeth CURSIUC FAILURE

DUE TO (OR AS A CONSEQUENCE OF): disease or condition_ resulting in death) CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING aBETES MILLITENS CAUSE (Disease or injury that initiated events NEPHED SCLEROSIS - URENIA resulting in deeth) LAST 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 YES 2 THO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES AND 1 | Inpatient 2 | ER/Outpatient 3 | DOA ome 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be ETED 4 Homicide 29e. CERTIFIER

Thank and 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. COMPL (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and piace, and due to the cause(e) and menner ee stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, BE

> SCOULS 32. REGISTRAR'S SIGNATURE

HO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

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A CONTRACTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 x 2013 after death. Page 6 may be retained by the hinglift of the EUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the hineral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

transit permit. Pages 1, 2, 3 should

	FOR STATE REGISTRAR	STATE OF MARYLAND		T OF HEALTH AND E OF DEATH	MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	FloyalL	· Bes	S	2. DATE OF DEATH	- 9 YEAR	3. TIME OF DEATH	
JR.	4. SOCIAL SECURITY NUMBER 2 19 - 18 - 5895 9a. FACILITY NAME (If not Institution, give stri	S. SEX 8. AGE (In yrs. I) 1 M 2 F 66 sect and number)	YRS. MONTHS	R 1 YEAR F UNDER 24 HRS. DAYS HOURE MIN.	7. DATE OF BIRTH (Month, Day, Year) 2 EATH	Cour	orth Condina	
- DIRECTOR	MANY MANY MANY MANY MANY MANY MANY MANY	7. A.	10c. CITY, TOWN	OR LOCATION BURNI	e		10d. INSIDE CITY LIMITS? 1 YES 2 HO	
FUNERAL	10e. STATEET AND NUMBER 11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.		10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY		
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDUC	FORCES? 1/2 YES 2 IF YES, GIVE WAR OR DATES	an, Puerto Rican, etc.)	Black, White, atc. Specific / A C K				
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	DECEDENT'S USUAL ((Give kind of work done (Ne. Do NOT use retired.	o during most of working	18b. KIND OF BUSH	/ W	orker	
OS	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	AME (First, Middle, Melden S	11		
8	19a, INFORMANT'S NAME (Type/Print)	nowy	19b. MAILING ADDRES	SS (Street and Number or Rural	Route Number City or Town			
5	Mrs. Denise	Bess .	1842	Willing C	t. PASAde	no m	d. 21/22	
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo			Name of cometery, demetory or	Cem Bi	ATION — City or	Co. md.	
	21. SIGNATURE OF FUNERAL SERVICE LICE	, Russ		L NAME AND ADDRESS OFFE 2002 W. No.	TO Ave. B	alto. n	1 Home	
	23. PART I. Enter the diseases, or construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the constructio	Due to (Or As A Cons	ne.	or the mode of dying, suc	ch as cerdiec or respire	story srreet,	Approximete interval Between Onset and Daath	
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONS	elesote	rdial n	ntareti	on	232	
PHYSICIAN: MEDICAL C	PART II. Other significant conditions	COntributing to deeth but no	t resulting in the	underlying ceuse given in	Part I. 24s. WAS AN A PERFORE 1 YES 2	AED?	Ab. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
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SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpetient	OTHI					
HYS	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME OF INJURY	28c, INJURY AT WORK?	28d. DESCRIBE HOW IN	JURY OCCURED		
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M	1 YES 2 NO				
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, atreet, fa	actory, office	281. LOCATION (Street as City or Town, State)	nd Number or Rurs	il Route Number,	
COMPLETED	and only	CIAN: To the best of my knowledge, R: On the basis of examination and/					e(a) and manner as stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIED	N MA		29c. LICENSE NL Q 25	6//	D S/	ED (Month, Day, Year) 8/90	
-	Dr. Ira Kapl	an 1845 a	bkwa	L Rd, Suit	c200, Gle	n Burr	rie, magios	
	31. DATE FILE OF TOO BOOK 1990	Sina Davidson-Ran	delle					

Pages 1, 2, 3 should permit. urs after death. Page 6 may be retained by the hospital or attending funeral director, page 5 should be detached for use as 7 notified 9 examiner filled in by the fillen, or removal. medical n and completely filled to burial, cremation, c the executed within traumatic event, attending physician a ntal Hygiene prior to certificate be other 6 n signed by the attent of Health and Mental h requires that the death Injuny. any t. of H has be Dept. DR ATTENDING PHYSICIAN: The law 23

BALTIMORE, MARYLAND 21203-3146

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VITAL RECORDS,

DIVISION OF

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DIRECTOR: After the hours after death w

TO THE HOSPITAL
TO THE FUNERAL (
Be filed within 72 h
IMPORTANT: If II HOSPITAL

marked, or

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90 21633 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO 3. TIME OF DEATH " (First, Middle, Last) 2. DATE OF DEATH MONTH 8 YEAR 6 A 90 ELISE C. BRANDFORD 7. DATE OF BIRTH (Month, Day, Year) 9. 15 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 F Maryland 577-32-1444 70 YRS. 94. FACILITY NAME (IL not institution, give etreet and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH PRINCEGEOIGE BOWIE DIRECTOR RESIDENCE OF DECEDENT 10a, STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Prince George MD Bowle 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? **20715**²⁰⁷²⁰ 12606 Fletchertown United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 14. RACE — American Indien, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Merried 1 TES 2 NO Specify: Specify: BY 3 K Widowed 4 Divorced Black ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY COMPL Private 8th Grade Housewife 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname Herbert Duckett Laura E. Jackson 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Elaine Robinson 3804 Saddlebrook Ct. Upper Marlboro, MD. 20a. METHOD OF DISPOSITION

1 X Burlel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cametery, cramatory or 20c. LOCATION — City or Town, State Landover, 4 ☐ Donation 5 ☐ Other (Specify) Harmony Memorial Park Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSE "Stewart" Funeral Home 4001 Benning Road, N.E. Wash. D.C. $\Pi\Pi$ MALLIA 23. PARTI. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, **Approximate** shock, or heart feliure. List only one cause on each line interval Between IMMEDIATE CAUSE (Finei Onset and Death Myo cardial Infarction
DUE TO (OR AS A CONSEQUENCE OF): disease or condition resulting in death) minutes TRNOSclerotic Cardiovascular Disease YLAKS CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINGINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Hypertension 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA me 5 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 26c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending M 1 YES 2 NO NIA BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide ETED. 8 Could not be determined 4 Homicide 29e. CERTIFIER
(Check only one)

2 DEFINICAL EXAMINES: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated one) COMPL Deputy Medical 29h SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) Do1852 Examiner 2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (PID) Print)

10. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (PID) Print)

10. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (PID) Print)

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32 REGISTRAR'S SIGNATURE

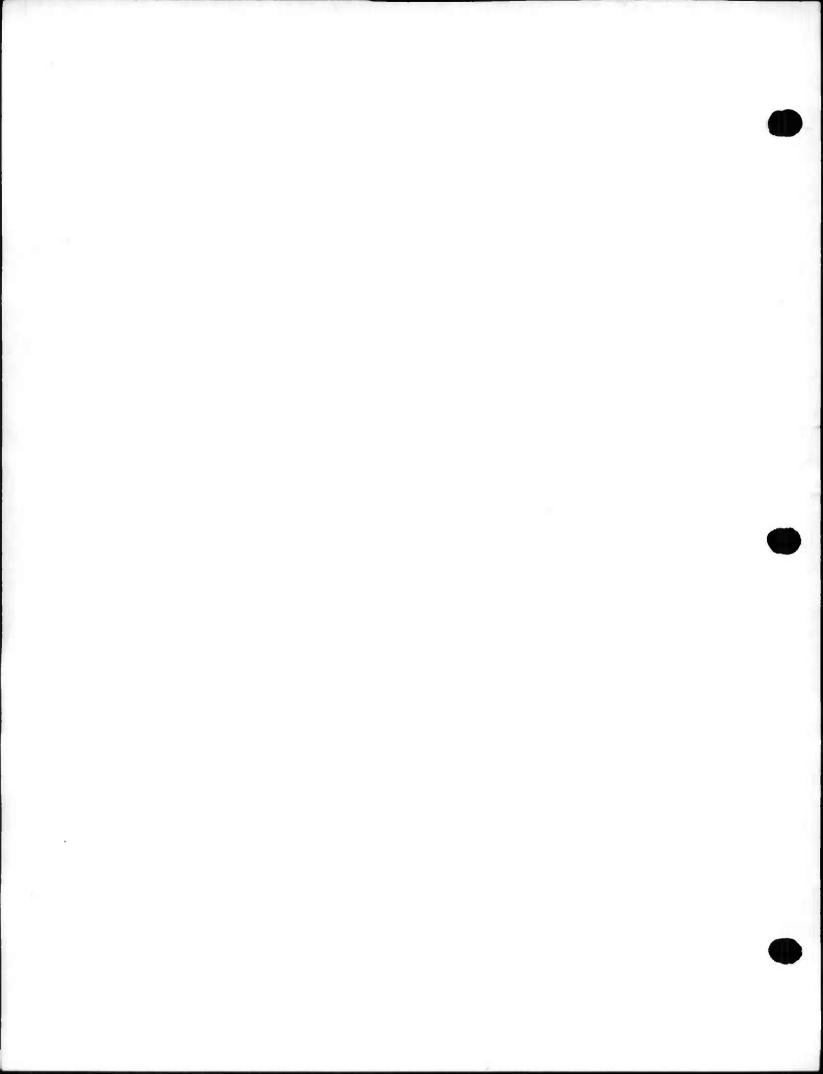
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32. REGISTRAR'S SIGNATURE

	FOR 1 STATE	STATE OF P				EALTH AND N	MENTAL HY	GIENE			
	1 - REGISTRAR		CI	ERTIFI	CATE OF	DEATH	RE	G. NO.			
	1. OECEDENT'S NAME (First, Middle, Last)					_	2. DATE OF DE	EATH DAY	YE.		TIME OF OEATH
	Const	ance		F	Bailey		6-18-				1:02AM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BII (Month, Day,		8. E	IRTHPLA	CE (State or Foreign
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1	9a. FACILITY NAME (If not institution, give s	treet and number)		\neg	9b. CITY, TOWN (R LOCATION OF DE		T	9c. COUNTY	OF DEATH	
DIRECTOR	729 N. patterson	Avenue			Balti	more Cit	У				
E I	10s. STATE 10b. COUNT	Y		10c. CITY	, TOWN OR LOCAT	ION				10d	INSIDE CITY LIMITS?
8	MD.			BAL	TIMORE					1[YES 2 NO
	10e. STREET AND NUMBER				10	. ZIP CODE		T	10g. CITIZEN	OF WHAT	COUNTRY?
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BY	3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES		1 🗆 YES	2 NO Specify	:			Spec#y: WHI!	ज ग
	15. OECEDENT'S EDU	CATION	16a, Of	CEDENT'S	USUAL OCCUPATION	ON	18b. KIND	OF BUSI	NESS/INDUST		
E	(Specify only highest grade	completed)	(G		ork done during mo						
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COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME /Elmt Middelin	Maidan C			
	17. FATTER 3 WAME (First, Milotin, Clist)					IO. MOTHER S IVA	ME (First, Micros,	, marueri S	urmanoj		
BE	111111111111111111111111111111111111111					<u> </u>					
2	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street a	and Number or Rural I	Route Number, Ch	ty or Town,	State, Zip Coo	le)	
- 1	500				:		_				
	20a. METHOO OF DISPOSITION 1 Burlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	noval from State	e remov	of oispos	SITION (Name of ce	metery, crematory or		20c. LOC	ATION — City	or Town,	State
	21. SIGNATURE OF FONERAL SERVICE LA	CENTER			22. NAME A	ND ADDRESS OF FA	CILITY				
	A 10011 1 1	11/100-	/	20	S+a+	e Anato	my Bo	ard	Bal	to.	. Md.
_	1 Journay	-	7-26-9				_				
	23. PART J. Entar tha diseases, or ahock, or heart failure.				ot sater the mo	ode of dying, suc	h ss cardisc (or respir	atory arrest		Approximate Interval Between
	IMMEDIATE CAUSE (Fine)	•									Onset and Death
]	diseasa or condition resulting in deeth)	Athero	scleroti	c car	rdiovaso	ular dis	ease				
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፬	Sequentially list conditions,		O (OR AS A CONSE	OUENCE OF	D.						
		OUE TO			-):						
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RTIFICAT	cause. Enter UNDERLYING CAUSE (Disease or Injury	c	OR AS A CONSE								
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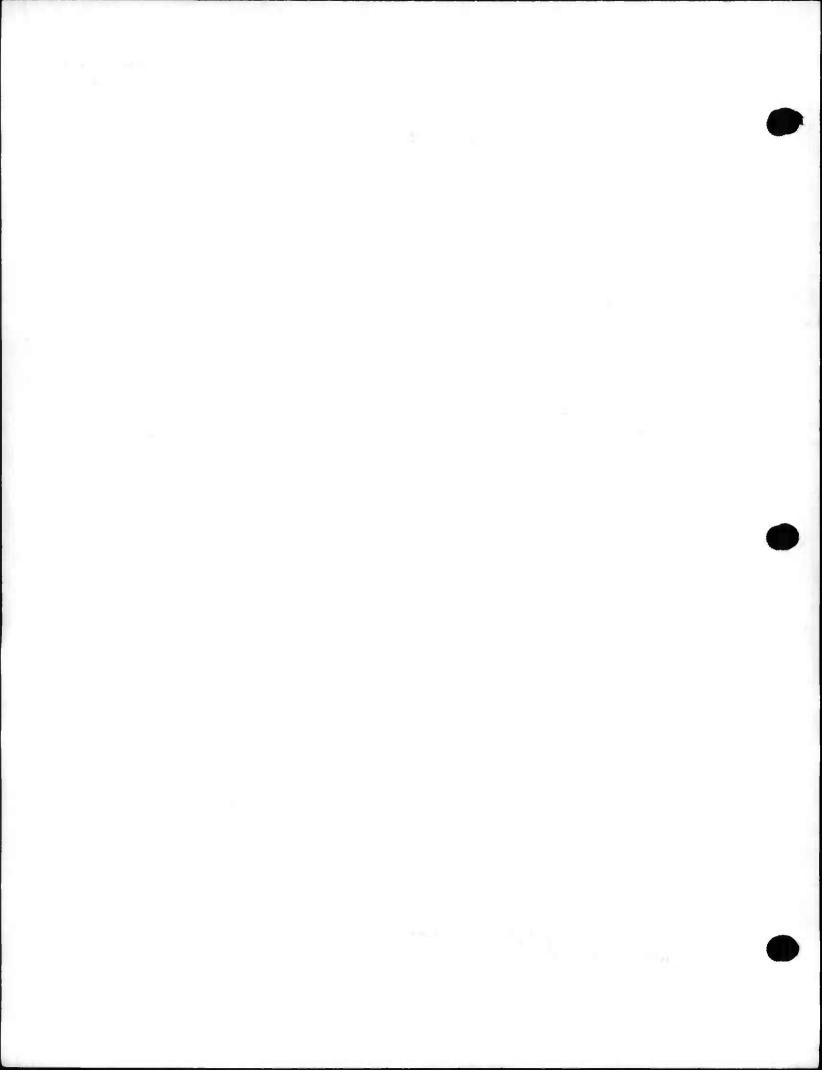


BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

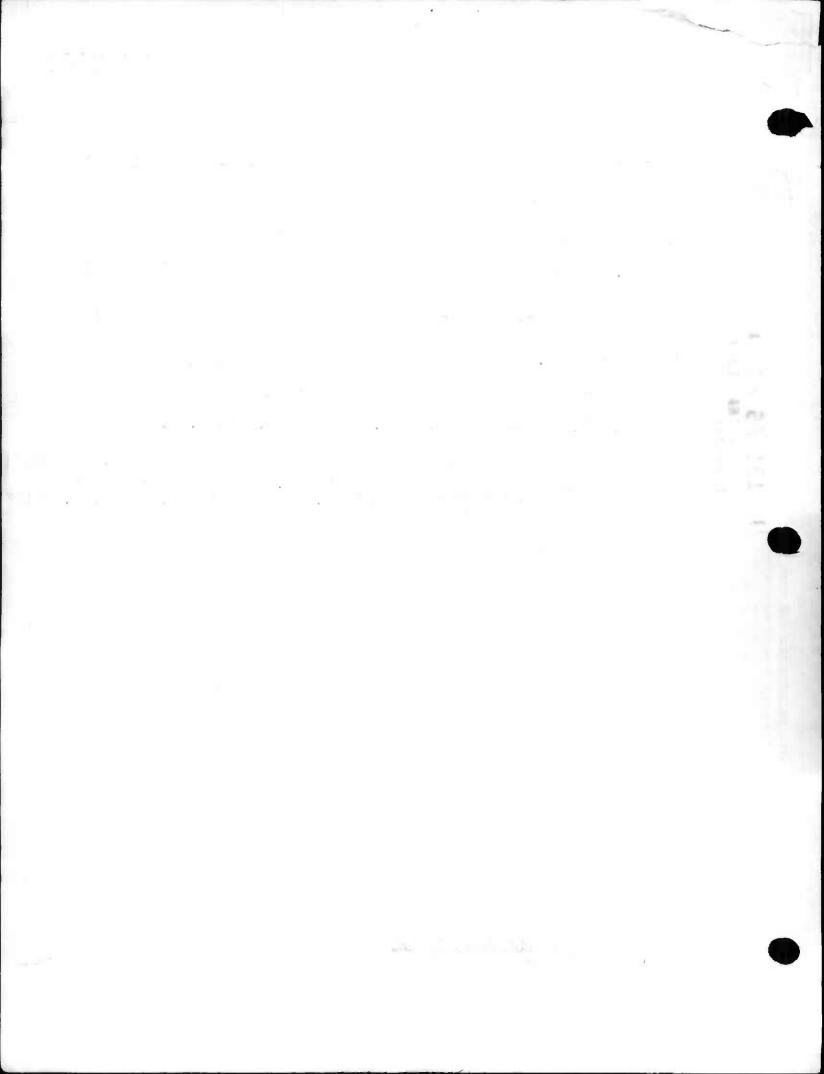
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COMPLETED	(Crieck Only												ad manner on et-to-d
Ö	one) 2 MEDICAL EXAMIN	ER: On the basis of	and/or	investigati	on, in my	opinion,	delitin occi	ured at the	time, data and	piaca, and	dua to the	canaa(a) a	ng manner as stated.
	29h SIGNATURE AND TITLE OF CERTIFIE	50100		1	r.		29c. LIC	ENSE NU	MBER				fonth, Day, Year)
B	1 Whole of	YXV.	LA	10				CME		- 1	▶ 7.	-12-9	90
5	100	FOU	ner order	John A	- 0.1-1					1			
	30. NAME AND ADDRESS OF PERSON WI		USE OF DEATH SITE	M 27) (Type	e, Prest)	111	Down	Ct-	eet,Ba	1+im	ara M	D 21	201 vc
	MARIO F. GOLLE,	OK.MD	0			TTT	reil	1 201	eel, Dd	T CTIIK	OT C 'IA	U 21.	ZUI VC
	31. DATE FILED (Month, Day, Year)	guna Vai	A'S SIGNATURE	BL.			_						
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DHMH-18 Rev 1/89

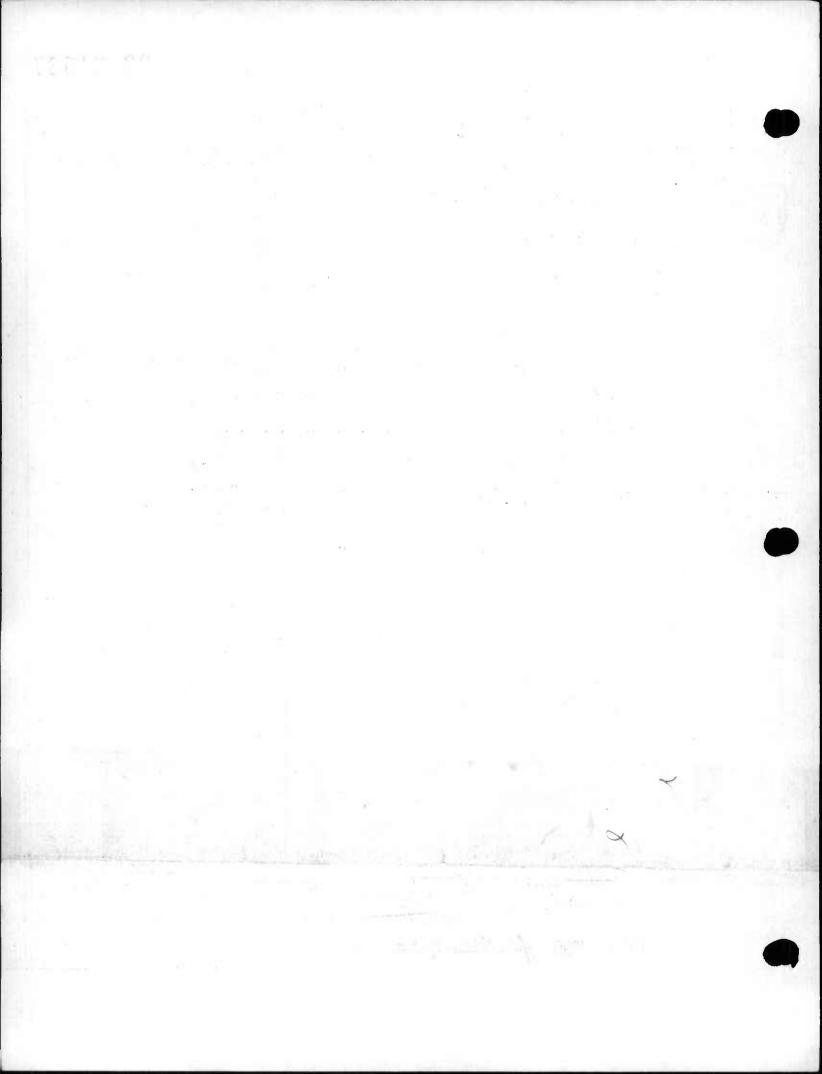
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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, particular to the completely filled in by the funeral director.	FIRE WINE 12 HOURS die Geden will the Clark Dept. Or heart and monta hypothesis of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control o
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	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR CERTIF				MENTA	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) CHARLE	S RAY BROW	N					UST 3,	1990 YEAR	3. TIME OF DEATH	М
	07 4 (0 007 4		s. lest birthday) 34 vns.	IF UNDER 1	_	F UNDER 24 HRS OURS MIN	7. DATE (Mont	0F BIRTH	6. BIF	ATHPLACE (State or Foruntry) L'Eginia.	elgn
R	9a. FACILITY NAME (If not institution, give stree THE JOHNS HOPK)		×		TOWN OR	LOCATION OF	DEATH		9c. COUNTY OF	MORE CIT	v
6	RESIDENCE OF DECEDENT	11004 2 2110							DADI		
DIRECTOR	Maryland nor	ne		Balt		e Ci	ty			10d. INSIDE CITY LIMITS? YES 2 1	10
FUNERAL	1326 N. Broady	way			101. Z	P CODE				H States	
BY FUN		12. WAS DECEDENT EVER IN U.S. FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATES 10-71 to 10	I NO	11		ly Cuban, Max	ican, Puarto	N? (Specify Yea Rican, etc.)	Sc	ACE — American India lack, White, etc. pecity: PROID	n,
ETED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION 184	e. DECEDENT'S (Give kind of tille. Do NOT us	USUAL OC work done d se retired.)	CUPATION luring most	of working	184	. KIND OF BUS	INESS/INDUSTRY		
鱼	12th grade Ji	r. College	Nurs	es!	Aide)		Nursi	ng Hon	ne	
COMPLET	17. FATHER'S NAME (First, Middle, Last)				1			Middle, Maiden			
BE	James Brown					Nan		Redd			_
STO	190. INFORMANT'S NAME (Type/Print) Nannie Emili Mo	olock	1001					Balto.	Md Code)	21205	
40	20a. METHOD OF DISPOSITION	20b. PL	ACE OF DISPO		Ů				CATION — City or		\dashv
64 30	1 Surial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State of	arrive	on F	ores	t Ve	terar	s Owi	ngsmi	lls. Mar	ylah
08/	21. SIGNATURE OF FUHERAL SERVICE PICES		Sr.	22.1	Cal v	ADDRESS OF	SC1	ruggs	Funera	al Home	
\$5.	IMMEDIATE CALISE (Final	at only one cause on each	lina.				such as car	disc or respin	ratory srrest,	Approxima interval Be Onset and	tween
	disesse or condition resulting in daeth) a.	Clostridium			col	274				2 we	ets
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO							-		
MEDICAL C	PART II. Other algorificant conditions AIDS ACUJE PLA	failure	not reaulting	in the un	derlying	ceuse given	in Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF C OF DEATH? 1 YES 2 R	TO AUSE
N.											
PHYSICIAN:		HOSPITAL:	ent 3 🗆 DOA	OTHER	1:	5 Resider					
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIR	_	26c. INJUI	RY AT	_		NJURY OCCURED	D	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm,	street, fact				CATION (Street a y or Town, State)	and Number or Ru	irel Route Number,	
COMPLETED	cool Charles	IAN: To the best of my knowledge: On the basis of examination ar								ree(a) and manner as a	tated.
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER	ese 6M	>			29c. LICENSE	NUMBER		P 8 3	NED (Month, Day, Year)	
F	30. NAME AND ADDRESS OF PERSON WHO Marshall Glest	MD John	ns top	e, Print)	LOSA	tal	8014	more	IM	7	
	31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S SIGNATU	URE COM	_	-						



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the state within 70 hours after math with the State Dent of Health and Mental Hunisian prior in burial cremation, or removal	IMPORTANT: If then 28 is marked, or them 23 shows any injury, or other traumatte event, the medical examiner must be notified at once.
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	1. DECEDENT'S NAME (First, Middle, Last) MAR	JORTE P. BO	WEN	7	DEATH	2. DATE OF DE	G. NO.		3. TIME OF OEATH
177	MARJOR	16 Por	BUW	EN		момен	4 9	VEAR	2.25 M
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs.	last birthday) IF L	INDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Month, Day,	RTH Year)	6. BIRTH	PLACE (State or Foreign
	5/1-48-5/6410M	2 95 87	YRS.			11-14-	-02		nsylvania
TOR	9a. FACILITY NAME (If not institution, give street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the street and in the stre	tal Sout	h E	Salt	MOY C		9c. COUN	ITY OF D	EATH
DIRECTOR	100. STATE 10b. COUNTY Maryland Baltimore		Tows	WN OR LOCAT	ION				10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER			101	ZIP CODE		10g. CiTi	ZEN OF W	THAT COUNTRY?
ER	204 E. Joppa Rd.			2	21204		U.	S.A.	
BY FUNERAL	11. MARITAL STATUS 12. WAS FOR	DECEDENT EVER IN U.S., ICES? 1 YES 2 ES, GIVE WAR OR DATES	ARMED NO	13. WAS OEC	ENDENT OF HISP/ polity Cuban, Maxio 2 X NO Spec	an, Puerto Rican,	ecify Yea or No-		•
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed	16a. I	DECEDENT'S USU	AL OCCUPATION	ON at an artista	16b. KINC	OF BUSINESS/IND		
COMPLET		(1-4 or 5+)	rector o	Fore		Wash	ington D		Public Schools
Ö	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle,	Malden Surname)		
BE	Watson V. Percy				Margar	et T. W	alker		
2	19a, INFORMANT'S NAME (Type/Print)						ly or Town, State, Zip	Code)	
-	Robert W. Bowen				St. N.Y				
	20s. METHOD OF DISPOSITION 1 XBuriel 2 Cremetion 3 Removel from 4 Donation 5 Other (Specify)	- State Other	e of Disposition place) Minster	Cemet	ery 8-7	-90	20c. LOCATION — Bala-Cyn		
	21. SIGNATURE OF FUNGRAL SERVICE LICENSEE	M		Ruck		Funeral	Home, I		
CERTIFICATION	ehock, or heert fellure. Liet online immediate Cause (Finel disease or condition reculting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONS DUE TO (OR AS A CONS DUE TO (OR AS A CONS	MON BEOUENCE OF): SEQUENCE OF):	si 4					Interval Between Onset and Deeth
PHYSICIAN: MEDICAL C	PART II. Other algnificent conditions control	buting to deeth but no	t resulting in th	e underlyln		in	WAS AN AUTOPSY PERFORMED? YES 2 NO	24b	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (C	check only one)		1	
SIC	111091	PITAL: patient 2 - ER/Outpatient		HER: Nursing Horr	na 5 🗆 Residence	8 Other (Spe	ocify)		
ВУ РН	27. MANNER OF DEATH 1 Netural 6 Pending 2 Accident Investigation	a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	WC	URY AT PRK? YES 2 NO	28d. DEŞCRIB	E HOW INJURY OC	CURED	
		e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, stree	l, factory, offic	•	281. LOCATION City or Tox	(Street and Number vn, State)	or Aural i	Route Number,
COMPLETED	298. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the								a) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	Wore	ta, i	(g)	D3/	905	29d. DAT	SIGNED 3	(Mogth, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO COMP	LETED CAUSE OF DEATH (I	TEM 27) (Type, Prin	wood	Hospi	TAC	COVIER	1	221218
	31. DATE FILED (Month, Day, Mar)							_	



burial-transit

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-tran be filed within 72 hours after death with the State Defit. of Health and Mental Hygiene prior to bunial, cremation, or removal. MAPORTANT: If them 28 is marked, or them 23 shows any Inlury, or other traumatic event, the medical examiner must be notified at once.

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF OEATH DAY 1. OECEOENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 0946 AM RAYA P. BUEDING 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 8. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURE 217-82-1555 79 Nov.4,1910 Russia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR UNION MEMORIAL HOSPITAL BALTIMORE, CITY 10c. CITY, TOWN OR LOCATION 10s. STATE 10b. COUNTY 10d. INSIDE CITY Baltimore TX YES 2 NO Maryland 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 101, ZIP CODE U.S.A. 21218 4001 Roundtop Rd. 14. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TES 2 1 NO Specify BY 3 🔀 Widowed 4 🗌 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spe College (1-4 or 6+) 12 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Nicholas Palzeff Unknown 띪 19s. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 11 Anne Brent Garth, Phoenix, Md. 21131 Robert N. Bueding 20s. METHOD OF DISPOSITION
1 Buriel 2 Semestion 3 Remai 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State Green Mount Crematory 8/7/90 Balto., Md. 4 Donation S D Other (Specify) 21. SIGNATURE OF PUNERAL SERVICE LICE 22. NAME AND TOWSON FUNETAL Home, Inc. 1050 York Rd., Towson, Md. 21204 Male 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock, or heart fellure. List only one cause on each line. **Approximate** Interval Between Onset and Death IMMEDIATE CAUSE (Finel disesse or condition Cardiac tamponade 75 mins reaulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): rdiac rupture CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING OUE TO (OR AS A CONSEQUENCE OF) Aferior CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpetient 2 ER/Outpetient 3 DOA OTHER:
4 | Nursing Home | 8 | Residence | 8 | Other (Specify) 1 YES 2 NO 27. MANNER OF DEATH 28a. OATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 284 DESCRIBE HOW INJURY OCCURED 1 Netural 8 Pending A T TEO 2 NO BY 2 Accident 26s. PLACE OF INJURY — AI hullding, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined E 4 Homicide COMPLET 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and dus to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) W 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) niv P E

AUG 0

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29b. SIONATURE AND TITLE OF CERTIFIER

oute

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GUNA PANGSON PRINCES

permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

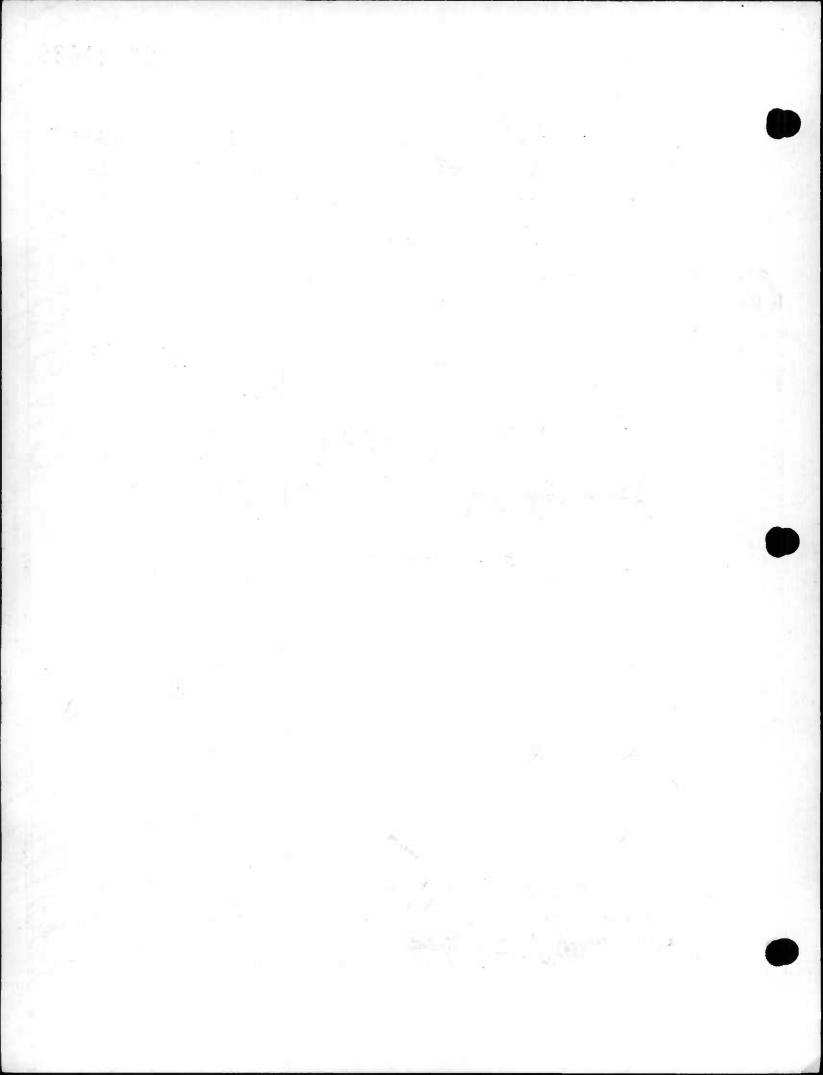
DECEDENT'S NAME (First, Middle, Last)	ald E. Co	255			DEATH	2. DAT	REG. NO.	Y _ 6	YEAR	3. TIME OF DEATH
SOCIAL SECURITY NUMBER		E (in yrs. last birthda	**	NDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH		8. BIRTI	NPLACE (State or Foreign
379-18-8577	1 M 2 🗆 F	68 YRS	MONT	HS DAYS	HOURS MIN.		th, Day, Year) 8-1922		Mic	higan
. FACILITY NAME (If not institution, give a	treet and number)		9b. (CITY, TOWN O	R LOCATION OF D	EATH		9c. COU	NTY OF C	
Baltimore County	General Ho	spital	Ra	indall:	stown			Ba1	timo	re County
ESIDENCE OF DECEDENT										
a. STATE 10b. COUNT				WN OR LOCAT						10d. INSIDE CITY LIMITS?
	more County		Cato	nsvil						1 YES 2XXNO
e. STREET AND NUMBER				1 30	ZIP CODE			S. T.		WHAT COUNTRY?
315 Ingleside Av					21228			US		
I. MARITAL STATUS Never Married 2 K Married Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OR WW 2	S 2 NO		If yes, spe	ENDENT OF HISPA celfy Cuban, Mexic 2 XXX Speci	an, Puerto		or No—		E — American Indian, k, Whita, etc. ://y: White
15. DECEDENT'S EDU		18a. DECEDENT	T'S USUA	L OCCUPATIO	N	16	b. KIND OF BUS	INESS/IND	DUSTRY	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NO	or work d T use retir	lone during mo: ed.)	si of working	5	standar	d Ar	t Ma	rble
12 years		Marble	Mas	son			and Ti	le		
FATNER'S NAME (First, Middle, Last)					16. MOTHER'S N	AME (First,	Middle, Meiden	Sumame)		
Olin Coss					Vera	Damo	on			
. INFORMANT'S NAME (Type/Print)		19b. MAILI	ING ADD	RESS (Street a	nd Number or Rural	Route Nur	nber, City or Town	n, State, Zip	Code)	
Mr. Donald E. Co	ss, Jr.	800	Spru	ice St	. Wave	Land,	MS	3957	6	
a. METHOD OF DISPOSITION X Buriel 2 Cremation 3 Rem Donation 5 Other (Specify)	oval from State	other place) Cheltenh						ation –		own, State MD
SIGNATURE OF FUNERAL SERVICE LI				22. NAME AN	D ADDRESS OF F	ACILITY				
> John K	June 2				g Byers					
3. PART . Enter the diseases, pr	and Heating that and	and the death D			Liberty				The second second	MD 21133
MMEDIATE CAUSE (Final lisease or condition esuiting in death)	b	LMON S A CONSEQUENCE		-						Onset and Dec
any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury	с	S A CONSEQUENCE	,							
hat initiated events esulting in death) LAST	d.	S A CONSEQUENCE	E OF):							
PART II. Other significant condition	na contributing to deati	but not reaultin	ng In th	a underlying	g cause given in	Part I.	24a, WAS AN PERFOR 1 YES 2	NED?	24	b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATN? 1 YES 2 NO
										/ -
5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	Putpatient 3 - DO/		HER:	ACE OF DEATH (C					
7. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJUF (Month, Day, Yea		TIME OF INJURY		URY AT PRICE .	28d, D	ESCRIBE NOW II	NJURY OC	CURED	
3 Suicide 8 Could not be determined	28e. PLACE OF INJU building, etc. (S	JRY — At home, fan Specify)	m, street	, factory, offic			CATION (Street a y or Town, State)		r or Rural	Ploute Number,
anni	ICIAN: To the best of my kr									(a) and manner as stated
b. SIGNATURE AND TITLE OF CERTIFIE	med Hos	ise plu	18in	_	29c LICENSE NI	56.t	-6	D 9	21+	D (Month, Day, Year)
NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE OF	OEATN (ITEM 27) (1	Type, Print	reity	Comme	PH	asports	00	Com	Callon ou

BALTIMORE, MARYLAND 21203-31 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 neurs after death. Page 6 may be retained by the hospital or attend to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



TO BE COME	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
I examiner must be notified at once.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
une ivinoira Val.	ID THE FUNEXAL DIRECTORS After this certificate has been squired by the attending proposal and compressly men in by the tonoral and the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
er death. Page 6 may be retained by the hour	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Girs after death. Page 6 may be retained by the hospital.

1. DECEDENT'S NAME (First, M. CHR IS TOPHE		SHERI	MAN	1	COL	mı	AN		2. OATE	of DEATH	î /90	YEAR	3. TIME OF DEATH 4:26 P.
4. SOCIAL SECURITY NUMBER NOT		5. SEX 1 🕅 M 2 🗌 F	6. AGE (In yrs.	lest birthday) YRS.			IF UNDER 24 HOURS	HRS. MIN.	(Mont	of BIRTH h, Day, Year) L4/90	1	Country	
9a. FACILITY NAME (If not instit	tution, give str	eet and number)			9b. CITY, TO		LOCATION	OF DE		14/90	9c. COU	NTY OF D	cyland EATH
University C		yland Ho	spital	L	Bal	tim	nore				E	Balt	imore
	Ob. COUNTY			10c. CIT	Y, TOWN OR	LOCATIO	N						10d. INSIDE CITY
Maryland	Prin	ce Geoi	ge's	F	orest								1 TES 2 NO
10e. STREET AND NUMBER						10f. 2	ZIP CODE				10g. CIT	IZEN OF W	VHAT COUNTRY?
7300 Donr	nell						2074						States
11. MARITAL STATUS 1 Never Merried 2 Me	arried	12. WAS DECEDEN FORCES? 1	YES 27	NO	If y	es, spec	olfy Cuban,	Mexicar	n, Puerto	N? (Specify Ye Rican, atc.)	s or No	Black	— American Indian, L, White, etc.
3 Widowed 4 Divorce		IF YES, GIVE W	AR OR DATES		1	YES 2	2 (X NO	Specify	7.			BI	ack
15. OECED (Specify only h	ENT'S EDUC		16a.	DECEDENT'S	USUAL OCCI	UPATION	t of working		168	. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12		College (1-4 or 5	+)	ille. Do NOT u	work done dun					,	T / T		
N/A 17. FATHER'S NAME (First, Midd	tio (not)				N/		18 MOTHE	D'S NAI	ME /Float	Middle, Maider	A/V		
Christoph		herman	Will:	ams						Coler			
19a. INFORMANT'S NAME (Type		Herman	"1111		G ADDRESS (S	Street and				ber, City or Tox		o Code)	
Darlene Co		n											e, MD.
20a. METHOD OF DISPOSITION	N		20b. PLA	CE OF DISPO	SITION (Name	of ceme	etery, cremati	ory or		the same of	OCATION -		
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21. SIGNATURE OF FUNERAL S	SERVICE LICI	ENSEE ().	1				ADDRESS			7		-	
	- 1				1 C+								
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	rs after death	TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely limed in by the funer be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exam
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	1 - STATE REGISTRAR		CERTIF	ICATE (OF DEAT	Н	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last) LORRAINE E	C12ABETH	C	ARE	4		ATE OF DEATH	890"	3. TIME OF OBATHO
	4. SOCIAL SECURITY NUMBER 5	S. SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 Y	EAR IF UNDER :		TE OF BIRTH	8.	BIRTHPLACE (State or Foreign Country)
	577-18-6560 1 9a. FACILITY NAME (If not institution, give stree	□ M 2 x F 82	YRS.			Ja	n. 1,		Wash. D.C.
Œ	Holy Cross Hos				T T T O TO			9c. COUNTY	
CIC	RESIDENCE OF DECEDENT	prear			lver S	princ		MOL	tgomery
DIRECTOR	Maryland Mont	gomery	10e. CIT	Y, TOWN OR I					10d. INSIDE CITY LIMITB?
	10e. STREET AND NUMBER	gomer y		51	lver S			10g. CITIZEN	1 X YES 2 NO
FUNERAL	575 Thayer Ave	enue			209	10		Unit	ed States
E S		2. WAS DECEDENT EVER IN			DECENDENT OF		IGIN? (Specify Yes		RACE — American Indian, Black, White, etc.
MA	3 Widowed 4 Divorced	FORCES? 1 YES	ATES		YES 2 NO				Specify: Black
a l	15. DECEDENT'B EDUCAT (Specify only highest grade col	FION (moleted)	16a. DECEDENT'S	USUAL OCCU	IPATION ng most of working		16b. KIND OF BU	SINESS/INDUS	
LET .	Elementary/Secondary (0-12)	College (1-4 or 8 +)	life. Do NOT u	se retired.)	ng most or working				
COMPLETE	11th Grade		Ret	ired	10 MOTH	ED'O NAME (E)	G.C. st, Middle, Maiden	vernm	ent
	Richard Baile	V					Patter		
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING		treet and Number	or Rural Route N	lumber, City or Tow	n, State, Zip Co	
F	Gordon Carey		575				lver S		
	20 METHOD OF OISPOSITION 1 & Burlel 2 Cremation 3 Remove 4 Donation 6 Other (Specify)	al from State	other place)					CATION — City	111.0-1-2.0-0
	21. SIGNATU E OF FEBRAL SERVICE LICEN	ISEE A.	Harmony	22. NA	ME ANO ADORES	S OF FACILITY			r, Maryland
	* Inhm	Haman	TI				al Hom	_	Wash D. C.
	23. PART/L Enter the diseases, or con	npiicetiona thet ceueed	the death. Do	not entar th	e mode of dyli	ng, auch aa	erdlec or reap	IV . E .	
	shock, or heart fallure. Lie iMMEDIATE CAUSE (Fine)	A .	0 (1	0		0		Interval Between Onset and Death
	disees or condition	Chrone			Jula	waen	y des	Pasi	
_	_	DUE TO (OR AS A	CONSEQUENCE	F):	U		1		
CERTIFICATION	Sequentieily list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):					
CA	CAUSE (Disease or Injury								
F	that initiated eventa reaulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F);					
	BART II Oshoo significant conditions								
CAL	PART II. Other aignificant conditions	Sontributing to deeth b	ut not resulting	in the unde	riying cause g	Iven in Part	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
						-	1 TYES	R NO	OF DEATH?
ш									1 TES 2 NO
4: MED									10 14 10 11
CIAN: ME	25. WAS CASE REFERRED TO MEDICAL, EXAMINER?	IOSBITAL -			26. PLACE OF DE	ATH (Check on	y one)		
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ZMACAS after death, Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached a set of the funeral death with the State harm of Heatin and Mental Handene prior thould committen, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	5° 90	3. TIME OF DEATH		
	WILLIAM 4. SOCIAL SECURITY NUMBER	HENRY COLLINGS 5. SEX 6. AGE (In yrs. leat birthdey) IF UNDER 1 YEAR IF UND				7. DATE OF BIRTH	2:30 A M BIRTHPLACE (State or Foreign			
	215-01-5063	1X M 2-23 F 75	MON	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month, Day, Year) 6-10-15		Country) Maryland		
	9a. FACILITY NAME (If not institution, give s			CITY, TOWN O	R LOCATION OF DE		9c. COUNTY OF DEATH			
OR	Edenwa1d			Towson			Baltimore			
DIRECTOR	10a. STATE 10b. COUNTY	Υ	10c. CITY, TO	OWN OR LOCATI	ION		110	10d. INSIDE CITY LIMITS?		
		timore	Tow	son				1 TYES 2 X NO		
FUNERAL	10e. STREET AND NUMBER			101.	21204		12.	OF WHAT COUNTRY?		
NE.	88 Southerly Ave					IIC ORIGIN? (Specify		. A		
	1 Never Married 2 X Married	FORCES? 1 YES	2A NO	If yes, spe		n, Puerto Rican, atc.)		Black, White, etc. Specify:		
) BY	3 Widowed 4 Divorced		White							
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JAL OCCUPATIO done during mos tired.)		16b. KIND OF E	USINESS/INDUS	JSINESS/INDUSTRY				
PLE	Elementary/Secondary (U-12)	4 yrs	Accounta	nt		Acco	unting			
SO	17. FATHER'S NAME (First, Middle, Lest)			ME (First, Middle, Maid	11-1-1					
BE	William H. Collings				Margar		Kohles			
2	199. INFORMANT'S NAME (Type/Print) Eunice E. Collin	σς				Route Number, City or T OWSON, Md				
	20a, METHOD OF DISPOSITION 1 & Burial 2 Cremetion 3 Rem	201	b. PLACE OF DISPOSITION		-		LOCATION — City			
İ	4 Donation 5 Other (Specify)		Loudon Par				ltimore	Md.		
	21. SIGNATURE OF FUNERAL SERVICE LI	/ / /	1		TOWSON F	uneral Ho	me, Inc			
	Mund	1. Smith		1050	York Rd.	Towson,	Md. 212	204		
	23. PART I. Entar tha diseasea, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. INTERIOR OF CARREST CAUSES (Final Content of Cause Cause) Onset and Death									
	IMMEDIATE CAUSE (Final disease or condition fine of the first the first the first and									
	resulting in death)	e. Due to (or as a consequence of): Due to (or as a consequence of):								
N	O annual all. Het and distance									
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING									
IFIC	CAUSE (Disease or Injury that infliated events Due TO (OR AS A CONSEQUENCE OF):									
ERI	resulting in death) LAST									
	PART II. Other significant condition	ns contributing to deeth i	but not resulting in 1	he underlying	g csuse given in	Part I. 24a. WAS	AN AUTOPSY ORMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
DIC/						100	2 NO	COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDICAL							/	1 TES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	neak only one)				
SICI	28. PLACE OF OEATH (Check only one) 28. PLACE OF OEATH (Check only one) 28. PLACE OF OEATH (Check only one) 28. PLACE OF OEATH (Check only one) 4. Nursing Home 5. Residence 6. Other (Specify)									
ЭНУ	27. MANNER OF DEATH	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c, INJ		28d. DESCRIBE HO	W INJURY OCCU	RED		
ВУ	1 Netural 5 Pending 2 Accident Investigation			YES 2 NO						
	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	25s. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and menner as stated.									
OMP	(Critical Cont.)				• • • • • • • • • • • • • • • • • • • •			cause(a) and manner as atmed.		
	296. SIGNATURE AND TITLE OF CERTIFIE		29c. LICENSE NUMBER			29d. DATE SIGNED (Montl), Day Year)				
TO BE		m	1 lugs	(Cran	com 1 2976° 18/6/90					
-	30. NAME AND ADDRESS OF PERSON WI									
	Marcelino Albuer	12. F GIGTRAN SIQ	N. KOIIII	g Kd.	Suite 20	5				
	MILC 0 8 100	1) guille verid	Joh-Madana							

1701-17

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1 - STATE REGISTRAR		SIAIE OF I	/ MAKYLAND CE			EOF			MENIAL	REG. NO.	E			
1. DECEDENT'S NAME (First	, Middle, Last)				IOAI	<u> </u>	DLA		2. DATE O	F DEATH			3. TIME OF DEATH	
	JAMES L. DAVIS										90	10:20P M		
4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. las	t birthday)		ER 1 YEAR	IF UNDER		7. DATE OF	BIRTH			HPLACE (State or Foreign	
224-52-8263	3	1 M 2 F	53	YRS.	MONTHS	DAYS	HOURS	MIN.	5-9-	-1937		Cours	" Va	
9a. FACILITY NAME (If not institution, give street and number)					9b. Cl	TY, TOWN C	R LOCATI	ON OF OE	ATH		9c. COU	NTY OF D	NTY OF DEATH	
THE JOHNS I		F	BALTI	MORE				BAL	TIMO	RE CITY				
RESIDENCE OF DEC		Land of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control o							10d. INSIDE CITY					
Md Columbia Lum									LIMITS?					
10. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?														
10710 Cordage Walk 21044 U.S.A														
11. MARITAL STATUS 1 Never Married 2 Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 YES 2 X NO Specify: 14. RACE — American India Black, Whita, etc. 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 YES 2 X NO Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify: 1 No Specify								k, White, etc.						
	EDENT'S EDU		(G	ECEDENT'S USUAL OCCUPATION Give kind of work done during most of working					18b. K	86. KIND OF BUSINESS/INDUSTRY				
Elementary/Secondary (0-12)	College (1-4 or 5	Hite	life. Do NOT usa retired.)					Gaint Foods					
17. FATHER'S NAME (First, A	fiddle, Last)						18. MOT	HER'S NA	ME (First, Mic	ddle, Maiden	Sumame)			
William S.							All	pert	Jacks	son				
Hilda J. [Route Number Columb					
29g. METHOD OF DISPOSIT			20b. PLACE						30 T 41111				own, Stata	
1 Donation 5 Othe	on 3 🗌 Ram	oval from Stata	other of	laca)		rest			Cem	01	wina	s Mi	lls, Md	
21. SIGNATURE OF ENNER	AL SERVICE LI	CENSEE	,	1		2. NAME A	ND ADDRE	SS OF FA	CILITY					
1	Vitu	2 4/1	ron			Marcl 4300	h F/I Wa	H We: abas!	st h Avei	nue				
23. PART I. Enter the d					not ent	ter the mo	de of dy	ing, suc	h ae cerdie	ec or reepl	retory a	rreet,	Approximata	
ahock, pr heart fallure. List pnly pne ceues pn sech line. Interval Batween Onset and Death														
disease or condition resulting in death)	\rightarrow	. ENS	STAGE	KEI	val	Oi	SEASE	£					i mo.	
		DUE TO	STA GE OF AS A CONSE	QUENCE O	OF):								6	
Sequantielly list condi-	tiona,	b. PIA	M CL	ALL DUENCE O	lei	Memi	9						8 MO.	
If any, leeding to imme		OUL IC	TON AS A CONSE	OOLINGE C	,, _j .								j	
CAUSE (Disease or injusted events		C. DUE TO	OR AS A CONSE	QUENCE O	PF):									
resulting in death) LAS	ST	d												
DARTY II COL I - III-			death from		1- 44			edon - 1	Deat 1			, 1.	1	
PART II. Other signific	ant conditio	ne contributing to	death but not	reeulting	in the	underlyin	g ceuse	given in		24a. WAS AN PERFOR	MED?	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
									-	1 YES 2	NO		OF DEATH?	
									- 1				1 NES 2 NO	
25. WAS CASE REFERRED	TO MEDICAL	T				ge Di	LACE OF	DEATH ///	eck only one)				
EXAMINER?		HOSPITAL:	☐ ER/Outpatient :	3 [] DOA	ОТН	ER:			8 Other					
27. MANNER OF DEATH		28e. DATE O	F INJURY	28b. TII	WE OF	28c. IN.	JURY AT	-audică		RIBE HOW I	NJURY O	CCURED		
1 Netural 5 Pending (Month, Day, Year) INJURY WORK? M 1 YES 2 NO														
2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, farm, atrast, factory, office 28f. LOCATION (Street and Number or Rural Route Number,							Route Number,							
4 Homicide	building, atc. (Specify)													
29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.														
one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, dasth occured at the time, data and place, and due to the cause(a) and manner as stated.														
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 297. LICENSE NUMBER 297. DATE SIGNED (Month), Disty, Year)														
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)														
KACHEL W. HVAPAREY, MD														
31. DATE FILED (Month, Day AUG	0819		Davidson-A	andell	2									

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2—redux after death. Page 6 may be interned by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burishment be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

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משרוואטרב, ואארוו	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be referenced	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be retilined
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ç	d within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event,
DIVISION OF VITAL RECORDS, T.O. BOA 13148,	poscute	and co bunial	atle
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	REGISTRAR		CERTIF	ICATE O	F DEATH	REG.	NO.			
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3.1								TIME OF DEATH	
8	MARY E	OCTORS	,		Aug. 6, 1990					
	4. SOCIAL SECURITY NUMBER						1990 8. BIRTHPLACE (State or Foreig			
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	MONTHS DAYS		7. DATE OF BIRTH (Month, Day, You		8. BIRTHPLA Country)	ACE (State or Foreign	
	192-32-1967	1 M 2 X 7 7 5	YRS.	WONTING DATE	HOURS MIN.	1-21-1		Penns	sylvania	
	9a. FACILITY NAME (If not institution, give a			9b. CITY. TOW	OR LOCATION OF D		-			
		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
ō	Belair Convale	Balti	more							
DIRECTOR	RESIDENCE OF DECEDENT									
2	10a. STATE 10b. COUNT	Y	10c. CIT	Y, TOWN OR LO	ATION			10	d, INSIDE CITY LIMITS?	
ā	Maryland Balt	imore	То	wson				1	YES 2XXNO	
	10e, STREET AND NUMBER		10f. ZIP CODE	TIZEN OF WHA	T COUNTRY?					
~							i ocontrati			
FUNERAL	8201 Loch Rave		21204		U.S	. A.				
5	11. MARITAL STATUS		ECENDENT OF HISPA			14. RACE -	American Indian,			
	1 Never Married 2 Married		specify Cuban, Mexic)	217340	fhite, etc.			
B	3\XWidowed 4 Divorced	IF YES, GIVE WAR OR	DATES		ES ZXXNO Speci	ny:		Specify:	-1-	
		The second		Blac	:K					
W	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of	work done during	PATION 16b. KIND OF BUSINESS/INDUSTRY g most of working					
ių	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NOT u	se retired.)						
4	7 Years -		Clean	er		Home	S			
≥	17. FATHER'S NAME (First, Middle, Last)				10 MOTHED'S N	AME (First, Middle, Me				
COMPLETED					1000000	AME (First, MICOIS, MIS				
)H	John	Jo	hnson		Anna			ode		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	et and Number or Rural	Route Number, City of	Town, State, 2	(ip Code) -	7403	
임	Thoodore Tohna	0.00	12 5	Cont	h Stree	+ Vors	Donr	1 /	403	
	Theodore Johns									
	20e. METHOD OF DISPOSITION 1 ☐ Burlel 2 X Cremetion 3 ☐ Rem	oval from State	other place)	SITION (Name of	cemetery, crematory or	200	LOCATION -	- City or Town	, State	
	4 Donation 5 Other (Specify)		Green Mo	unt Ce	emeterv	В	altin	ore.N	faryland	
	21. SIGNATURE OF FUHERAL SERVICE LI	CENSEE		22. NAME	AND ADDRESS OF F	ACILITY	0.000			
	180.16.	liam E.	Johnson	, P.A.	Funer	al Home				
	- Harry	blor		8521	Loch R	aven B1	vd.To	wson	MD21204	
	23. PART I. Enter the diseases, or	namaliastians that saw	and the death. De						Approximate	
	ahock, or heart feilure.	List only one ceuse on	eech line.	not ontor the i	nous or dying, su	CII aa Cordiac Or r	eopiratory o	rivat,	Interval Between	
	Onset and Death									
	disease or condition resulting in death) s. CARCINOMA— OF CONG									
	resulting in death) s.									
	DUE TO (OR AS A CONSEQUENCE OF): WITH METASTASES									
Z										
CERTIFICATION	Sequentially list conditione, If any, leading to immediate									
4	cause. Enter UNDERLYING									
윤	CAUSE (Diseese or injury	C. DUE TO (OR A)	S A CONSEQUENCE O	n.					-	
EI	that initieted events resulting in desth) LAST	502 10 (011 74	S A CONGEOGRAGE C	•).					į l	
15	resulting in destiny Exer	d								
EDICAL	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? AMAILABLE PRIOR TO									
0					0	OMPLETION OF CAUSE				
	1 TES 2 NO OF								F DEATH?	
Σ								1	YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 20. PLACE OF DEATH (Check only one)									
ᅙᅵ	EXAMINER? HOSPITAL: OTHER:									
S	1 TES 2 NO	1 Inpatient 2 ER/O	utpatient 3 DOA		lome 5 Residence	e Other (Specify				
Ī	27, MANNER OF DEATH	26a. DATE OF INJUR		E OF 26c.	INJURY AT	28d. DESCRIBE H	OW INJURY O	W INJURY OCCURED		
	1 Natural 5 Pending	(Month, Day, Yea	7 IN	JURY M 1	WORK?					
BY	2 Accident Investigation									
ED	3 Suicide 6 Could not be	28e. PLACE OF INJU building, etc. (S	street, factory, o	ffice	261. LOCATION (S City or Town,	LOCATION (Street and Number or Rural Route Number, City or Town, State)				
쁘	4 Homicide determined									
Щ	29e, CERTIFIER									
교	Compared to the cause(a) and manner as stated.									
COMPLET	MEDICAL EXPENSE. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.									
	1996 HIGHATURE AND TIME OF CERTIFIER 2995 LICENSE NUMBER							ere moneto n	hough Day Years	
BE	1 1/11	ler	MA		DATE >	00	290. 0	2/7	190	
	108344 8/1/20									
오	10. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Typ	Print)	0.			1.		
	57/4 H	HREORI	2 /	10	BAC	YO	Ma	11	210	
	- 11/							/	,	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE							
	AUGG	100								
	AU6 0 8	1990 Jahan	CONTRACTOR CONTRACTOR	delle					DHMH-16 Rev 1/89	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use he find within 72 hours after death with the State Deet, of Health and Mental Hollene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /		ENT OF HI		IENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last)	GEORGE 3				2. DATE OF DEATH MONTH	DAY YE	
	George H. Dans	berger 8. AGE (In yrs. last	birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0 1990	1 8 : 02 AMM
		1⊠M2□F 75		THS DAYS	HOURS MIN.	(Month, Day, Year)	14	OUNTRY)
	9e. FACILITY NAME (If not institution, give stre		9b.	CITY, TOWH OF	LOCATION OF DE	NTH	9c. COUNTY	OF DEATH
OR	St. Joseph Hos	pital	В	altim	ore, Ma	rvland	Balt	o. County
EG	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			WH OR LOCATI		0		10d. INSIDE CITY
DIRECTOR	Maryland Balt:	imore	Bal	timor	e, Mary	land-	ARKVILL	LIMITS?
	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	1708 Wycliffe Av				21234		USA	
	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES		If yes, spe		C ORIGIN? (Specify), Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify:
ВУ	3 Widowed 4 Divorced	ii res, are will on onles		1	To openin.			White
	15. DECEDENT'S EDUC/ (Specify only highest grade of	ompleted) (Gh	CEDENT'S USU ve kind of work Do NOT use re	IAL OCCUPATIO done during mos	N t of working	16b. KIND OF E	USINESS/INDUST	RY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 8+)	OTIC	5	0(~	BLAC	k+D	scksR
MO	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NAM	AE (First, Middle, Meid	en Sumeme)	
BEC	GEORGE WM	1. DANSBLA			LATI	42Rins		YINGER
10	190. INFORMANT'S NAME (Type/Print)	196	MAILING ADI	DRESS (Street ar	0 - 00	oute Number, City or 1	own, State, Zip Coo	(e)
	20a, METHOD OF DISPOSITION	O ROS	OF DISPOSITION	ON (Name of cem		OVI 20c	LOCATION — City	or Town, State
	1 Burial 2 Cremetion 3 Removed A Donetion 5 Other (Specify)			- 0	ST 2003	RY A	ARKVIN	5 MO-
	21. SIONAPURE OF FUNERAL SERVICE LICE	NSEE		22. NAME AN	ADDRESS OF FAC	ST OF C	Bmok	6.31
	- Locales To	1. anount		8300	MARFO	RO ROA	O-PAF	ckv. Wz
	23. PART i. Entar the disesses, or co shock, or heart failure. L	omplicatione that caused the de list only one cause on each line.	eth. Do not	enter the mod	de of dyling, such	sa cardiac or re	spiratory arrest,	Approximate Intervel Batween
	IMMEDIATE CAUSE (Finel disease or condition	11		1 100	- 11 ^	7 4	A OF A	Onset and Death
	resulting in death)		OUENCE OF):	-1 60	1777	7100	/ (r /)	CC. WY
z		NSC	VA					YRO!
5	Sequentially liet conditions, if any, leeding to immediate	DUE TO (OR AS A CONSEC	DUENCE OF):					
FIC	couse. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events	DUE TO (OR AS A CONSEC	DUENCE OF):					
CERTIFICATION	resulting in deeth) LAST							
	PART II. Other significant conditions	contributing to death but not r	esulting in t	he underlying	ceuse given in		AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
ICAL							FORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MED								1 YES 2 NO
PHYSICIAN: MEDIC								
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 252 NO	HOSPITAL:		THER:	ACE OF DEATH (Che			
HYS	27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient 3 28e. DATE OF INJURY	28b. TIME O	F 28c, INJ		28d. DESCRIBE HO	W INJURY OCCUR	ED
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	PULNI		RK? 'ES 2 NO			
	3 Suicide 6 Could not be	28e. PLACE OF INJURY — At he building, etc. (Specify)	me, farm, stre	et, factory, office	•	26f. LOCATION (Str. City or Town, St	et end Number or i	Rural Route Number,
ETE	4 Homicide determined							
COMPLETED	296. CERTIFIER (Check only) MEDICAL EXAMINER	BAN: To the best of our knowledge, de ByOn the basis of examination and/or						suse(e) and manner as stated.
BE	290. SIGNATURE AND STILE OF GERTIFIES	Mh			DO d	10582	29d, DATE SI	ONED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITE		int)	1	. 0.		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	JR.	160	JO OST	er ur	1/2-	100m0 1
	AUG 8 1990 d.	di Savidson-Randa						
	- HUG 0 1330 A							DHMH-16 Rev 1/89

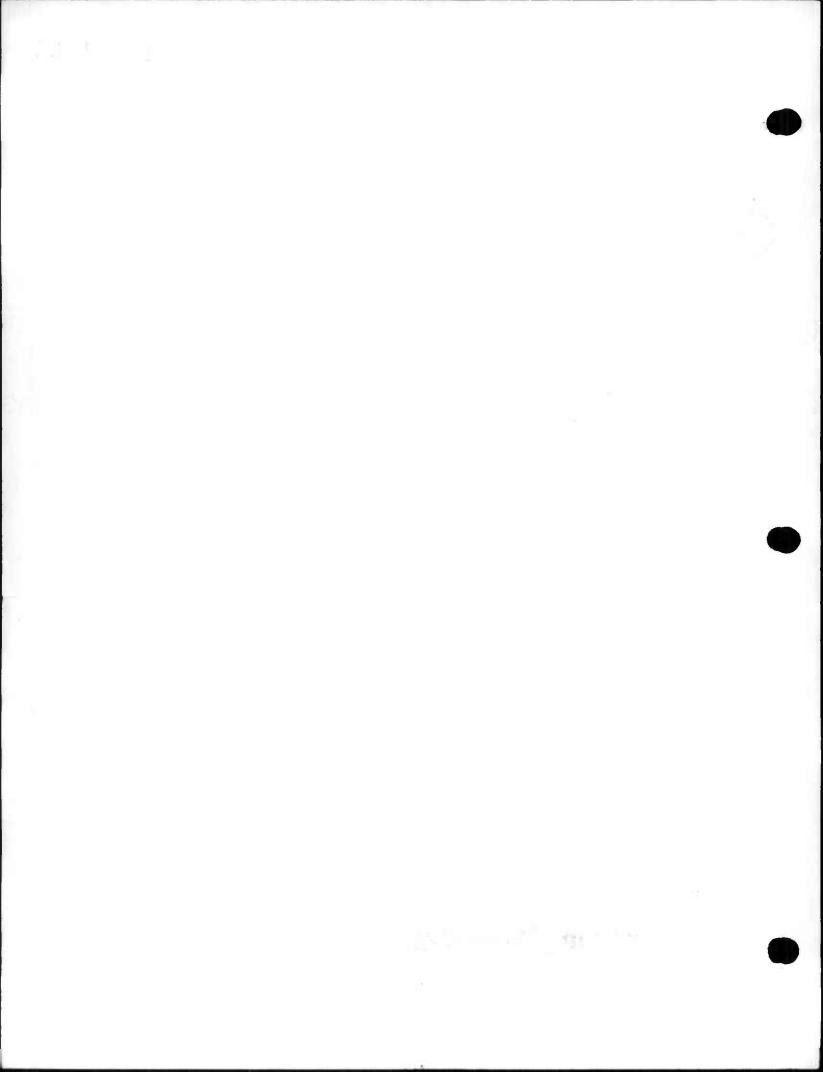
1		r	'
BALTIMORE, MARYLAND 21203-3146	rours after death. Page 6 may be retained by the hospital or attending physician.	d in by the funeral director, page 5 should be detached for use as the burial-transit permits or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-mouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permits be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

		0 0 0		
	FOR STATE		STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENI
١ -	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.

CERTIFIC	ATE OF	DEATH	REG. NO	Ī	
			2. DATE OF DEATH DATE	AY YEA	3. TIME OF DEATN
DULL			8 1	90	5:48 P
	NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Jan. 3, 1	Co	RTHPLACE (State or Foreign untry) nnsylvania
96	b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY O	
	Ва	altimore		Baltim	ore City
	OWN OR LOC	ATION			10d. INSIDE CITY LIMITS?
Balt	imore	IOI. ZIP COOE		Lea- OFFITTH O	1 X YES 2 NO
		21223		U.S.	
.s. ARMED 2 ANO ES	If yes, i	ECENDENT OF NISPAN specify Cuben, Mexice ES 2 NO Specify	IIC ORIGIN? (Specity Yen, Puerto Rican, etc.)	S	ACE — American Indian, Heck, White, atc. pacify: White
60. DECEDENT'S US (Give kind of work life. Do NOT use n Bank att	k done during r etired.)	most of working	166. KIND OF BU Banki	siness/industr	Υ
		16. MOTHER'S NA Anna	R • MA		
			Route Number, City or Tow en Burnie		, 1061
ther place) Lace of disposition ther place)	on (Name of c	cemetery, cremetory or		nesboro	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
			bard Fune		
	4107	Wilkens	Ave., Bal	timore,	MD 21229
ONSEQUENCE OF):					Onset and Dea
ONSEDUENCE OF):					
not resulting in	the underly	ing cause given in	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	26.	PLACE OF DEATH (Ch	eck only one)		
	OTHER:	ome SX Reeldence	6 Other (Specify)		
265. TIME (INJUE UNKNO	RY I	INJURY AT WORK?	28d. DESCRIBE NOW UNKNOWN	INJURY OCCURE	0
- At home, ferm, str			28t. LOCATION (Street City or Town, State	and Number or Re	ural Route Number,
			to the ceuse(a) end mi	anner ee stated.	use(e) end manner ee stated.
		29c. LICENSE NU	MBER	29d. DATE SIG	NED (Month, Day, Year)
		OCME		▶ 8/	2/90
	rint)	lll Pen	n St. E	alto.MD	. 21201
	H (ITEM 27) (Type, F .stant		H (TEM 27) (Type, Print) .stant 111 Peni	H (ITEM 27) (Type, Print) Stant 111 Penn St. B	OCME 8/ H (ITEM 27) (Type, Print) .stant 111 Penn St. Balto.MD



amending physician. 1203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-mous after death. Page 6 may be retained to THE FUNERAL DIRECTIOR: After this cedificate has been signed by the attending physician and completely filled in by the funeral director, page 5 ahreads be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified

	1 - STATE REGISTRAR		CERTIF	ICATE (OF DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) MATTIE LEE DA'	/15				MONT	OF DEATH DAY		YEAR 3.	TIME OF DEATH
						07	30	Ι.		7 10P M
	4. SOCIAL SECURITY NUMBER 579-26-4483		AGE (In yrs. last birthday) 72 YRS.	IF UNDER 1 YE	AR IF UNDER 24 HRS. YS HOURS MIN.	(Mont	OF BIRTH th, Day, Year) 10/19	11.	Country)	On, N.C.
R	98. FACILITY NAME (If not institution, give at PRINCE GEORGE 1.		CENTER	96. CITY, TO CHEVE	WN OR LOCATION OF E RLY	DEATH		PRIN		EORGE'S
5	RESIDENCE OF DECEDENT	,	1 40- 017	Y, TOWN OR L	00471041					d. INSIDE CITY
DIRE		ce Georg			per Marl	boro)			LIMITS?
FUNERAL DIRECTOR	100. STREET AND NUMBER 307 Serena S	treet			101. ZIP CODE 20772					States
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yo	DECENDENT OF HISPA s, specify Cuban, Mexic YES 2 NO Spec	an, Puerto		or No- 1	4. RACE — Black, V Specify: Bla	American Indian, white, etc.
	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S	USUAL OCCU	PATION	160	b. KIND OF BUSI	NESS/INDU		
COMPLETED	Elementary/Secondary (0-12) 10th Grade	College (1-4 or 5+)	ille. Do NOT us		ng most of working		N	/A		
NO	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	AME (First,				
Ö	Henry Alston				L	ucir	nda Al	ston		
BE	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (SI	treet and Number or Rura	l Floute Nun	nber, City or Town	, State, Zip C	Code)	
٩	Norman Davis,	Jr.	504	E. M	yrtle Av	e.,	Johns	on C	ity,	Tennesse
	20a. METHOD OF DISPOSITION 1	oval from State	_	SITION (Name	of cometery, cremetory or		20c, LOC	ATION — C	ity or Town	
	21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEE A	пее в с.	22. NAI	NE AND ADDRESS OF F				gcon	, D.C.
	Nohm T	Stewart	. TIT		ewart Fu 01 Benni			_	Was	sh. D.C.
-	23. PART Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Can dia		7			raise or respir	atory sire	st,	Approximata Interval Between Onset and Dasth
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE O	OF):						
MEDICAL	PART II. Other significant condition			In the unde	rlying cause given i	in Part I.	24s. WAS AN PERFORE	MED3	C	MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 1 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOERITAL			26. PLACE OF DEATH (Check only o	one)		_	
YSI	1 TES 2 NO	HOSPITAL:	R/Outpatient 3 DOA	OTHER:	Home 5 - Residence	6 🗆 Oth	ner (Specify)			
ву Рн	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF IN. (Month, Day,		JURY	c. INJURY AT WORK?	28d. DE	ESCRIBE HOW IN	IJURY OCCI	URED	
	Accident investigation Suicide 6 Could not be	28a. PLACE OF It building, etc.	NJURY — At home, farm, . (Specify)	street, factory	, office		CATION (Street a y or Town, State)	nd Number o	or Rural Rou	rte Number,
COMPLETED	(Oriects Oriny		knowledge, death occur							and manner as stated.
TO BE C	290. BIONATHIN AND TITLE OF CENTIFIE	all	111)		29c. LICENSE N	OS	9	29d. DATE	SIGNED (A	Aonth/Day, Year)
-	30. NAME AND ADDRESS OF PERSON WI STEUEN 1	n POLL	AK MD	e, Print)	25 G10	enW	ay CT	e Di	ein,	Greenbell
	31. DATE FILED (Month, Day, Year) 0 8 1990	32. REGISTRAR'S	- Randelle	4		· ·	•			

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MO2 BE OT	TO BE COMBIETED BY DEVOICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ei.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache
r death. Page 6 may be retained by the hos	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withink. Aurs after death, Page 6 may be retained by the host

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

James F.

31. Date Filed (Month, Day, Near)

AUG 8 1990

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR	STATE OF I	MARYLAND	/ DEPAR	RTMENT OF	HEALTH /	AND I	MENTAL HYGIEN	łE	20	21040
- STATE REGISTRAR		С	ERTIF	ICATE O	F DEAT	Н	REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)	0 . 0	204					2. DATE OF DEATH	AY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5, 9EX	6. AGE (In vrs. Is	h f d d	IF UNDER 1 YEA	R IF UNDER 2		7. DATE OF BIRTH	19	100	PLACE (State or Foreign
4. SOCIAL SECONITY NUMBER	1 □ M 2 🔀 F	89	YRS.	MONTHS DAY		MIN.	(Month, Day, Year)	1901	Country	
9a. FACILITY NAME (If not institution, give 3305 PARKT RESIDENCE OF DECEDENT	SOUNE	ROAC		96. CITY, TOW	RKV.	N OF DE	EATH	9c. COUN	TY OF D	MORE
10e. STATE 10b. COUNT	Υ	14	10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER			1 13	HTI	100	3		I so- orre		YES 2 NO
OG. STREET AND NOMBER	1 000	^			10f. ZIP CODE	2		10g. Citi	ZEN OF W	HAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDE	UT H	V)	40 400	dia	702	5	-	1-7	- H -
1 Never Married 2 Merried Widowed 4 Divorced	FORCES?			It yes	, specify Cuban,		NIC ORIGIN? (Specify Year, Puerto Ricen, etc.) y:	e or No—	Special Special	— American Indian, i, White, etc.
15. DECEDENT'S ED	ICATION	146. 0	ECEDENT'S	USUAL OCCUP	ATION		16b. KIND OF BU	IOINEGO/IND	HETEV	4112
(Specify only highest grad			Give kind of fe. Do NOT u	work done during se retired.)	most of working	,	166. KIND OF BC	/SINESS/IND	USINI	
17. FATHER'S NAME (First, Middle, Last)			H	Ho	100	50/0 NA	ME (First, Middle, Malder			
IV. PATHEN'S NAME (FIRST, MIGGIO, LIST)	11	^			18. MOTH	EH'S NA	ME (First, Middle, Meldel	n Sumeme)		
I HOMAS	LCHI	4				13	HOOR	-		
FAMILY RE	CORAS		S MAILING	ACLE .	AS I	A B	Aoute Number, City or To	wn, State, Zip	Code)	
20e. METHOD OF DISPOSITION	noval from State	20b. PLAC		SITION (Name o	f cemetery, cremi	etory or	20c. L	OCATION —	City or To	wn, State
4 Donetion 5 Other (Specify)	noval non otalia		ROL	OS OF	FAIT	34	IK S	1020	SLE	Mo.
21. SIGN TURE OF FUNERAL SERVICE L	News, h			88	AND ADDRESS	1 Ri	oro Kup	D: C	ORI	- Parkrius
23. PART I. Enter the diseases, or abock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ca		na.					oiratory arr	eat,	Approximate Interval Between Onset and Daeth
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	O (OR AS A CONS								
	d									-
PART II. Other algorificant condition	na contributing to	o death but not	resulting	In the under	ying cause g	lven in		RMED?	24b	. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				21	8. PLACE OF DE	EATH (C)	neck only one)			
EXAMINER?	HOSPITAL:	FR/Outpetlent	3 🗆 DOA	OTHER:	- 1		6 Other (Specify)			
27. MANNER OF DEATH	26e. DATE O		26b. TII		INJURY AT	arcance	28d. DESCRIBE HOW	INJURY OC	CURED	
1 Natural 5 Pending		Day, Year)	IN	JURY 1	WORK7	NO				
2 Accident Investigation 3 Suictde 6 Could not be 4 Homicide determined	28e. PLACE	OF thJURY — At I	home, farm,	street, factory,	office		26t. LOCATION (Street City or Town, State		or Rural I	Route Number,
cont only							s to the cause(e) end m			a) and manner as stated.
			veerigelt	, my opinic						
296. SIGNATURE AND TITLE OF CERTIFI	Caron	~ mb			29c. LICE	NSE NU	MBER 9.15	29d. DAT	E SIGNED	(Month, Day, Year)
30. NAME AND AODRESS OF PERSON W	HO COMPLETED CA	USE OF DEATH (IT	TEM 27) (Typ	e, Print)						

O'Donnell

2920

Bult

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DHMH-16 Rev 1/89

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

30. NAME AND ADDRESS OF PERSON

31. DATE FILED (Month, Day, Year)
AUG O

1926

1. DECEDENT'S NAME (First, Middle, Last)			ERTIFICA			REG. N			3. TIME OF DEATH
BERTHA	Ε.		EMGE			Aug. 7.	199(YEAR	5:00 A
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1000	8. BIRTH	IPLACE (State or Foreign
214-01-9821	1 M 2 7 7	80	YRS. MONTE	DAYS	HOURS MIN.	(Month, Day, Year) 11-24-19	009	Pen	msylvania
9a. FACILITY NAME (If not institution, give stre	eet and number)	- 00	9b. C	ITY, TOWN	OR LOCATION OF D			JNTY OF D	
14700 Pondside I	Drive		S	ilve	r Sprin	ıg	Mor	ntgo	mery
10a. STATE 10b. COUNTY			10c. CITY, TOW	N OR LOCAT	TON				10d. INSIDE CITY LIMITS?
Maryland Balt:	imore		Parkv	ille					1 TES 2X NO
10e. STREET AND NUMBER				101	. ZIP CODE		10g. Cl	TIZEN OF	WHAT COUNTRY?
1722 Amuskai Roa	ad			2	1234		U.S	5.A.	
11. MARITAL STATUS 1 Never Married 2 Married 3 M Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES XX	RMED	If yea, sp		NIC ORIGIN? (Specify \ an, Puerte Rican, etc.) fy:	es or No—	14. RACI Blac Spec Whi	*
15. DECEDENT'S EDUCA (Specify only highest grade of	ATION completed)	16a. DE	CEDENT'S USUA	OCCUPATION OF	ON set of working	16b. KIND OF B	USINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +) Iffe	iive kind af work do n. Do NOT use retire	d.)	us or worning				
8 Years		W	aitres	S		Restau	irant	t	
17. FATHER'S NAME (First, Middle, Last)				- 71	16. MOTHER'S NA	AME (First, Middle, Malde	n Surname)		
William		True			Mary			Eley	
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING ADDR	ESS (Street a	and Number or Rural	Route Number, City or R	wn, State, Z	(ip Code)	20906
Clifton Joseph 1		1	4700 P	onds	ide Dr.	Silver	Spri	ing,	Maryland
20a METHOD OF DISPOSITION	vel from State	other n	(ace)		metery, crematory or		OCATION -		
4 Donation 5 Other (Specify)		Gard	ens of		th Ceme	etery Bal	to.	Co.,	Maryland
21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEF								
VIII . C.		/		22. NAME A				Fun	
+ John to Ja	low	/		22. NAME A Will 8521	iam E.	Johnson,	P.A	Fun	eral Hom
23, PANT I. Enter the diseases, or co	low	t caused the de		8521	iam E. Loch F	Johnson, Raven Bly	P.A.	owso	eral Hom
23. PART 1. Enter the diseases, or co ahock, or heart failure. L IMMEDIATE CAUSE (Final	Low omplications that	t caused the dese on each line	eath. Do not ar	8521 ter the mo	iam E. Loch Fords of dying, aud	Johnson Raven Bly	P.A.	owso	eral Hom n,MD2120
ahock, or heart fallure. L	Low omplications that	t caused the dese on each line	eath. Do not ar	8521 ter the mo	iam E. Loch Fords of dying, aud	Johnson, Raven Bly	P.A.	owso	eral Hom
ahock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition	omplications the List only one cau	t caused the dise on each line L CLI JOR AS A CONSE	eath. Do not are	8521 ter the mo	iam E. Loch Fords of dying, aud	Johnson Raven Bly	P.A.	owso	eral Hom n,MD2120 Approximate Interval Between
ahock, or heart feilure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications their late only one cau	Se on sech line L Cell JOR AS A CONSE	auth. Do not ar	8521 ter the mo	iam E. Loch Fords of dying, aud	Johnson Raven Bly	P.A.	owso	eral Hom n,MD2120 Approximate Interval Betwo
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Cated. Cated.	eral Hom n, MD2120 Approximate Interval Betw Onset and D. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH 1 YES 2 NO

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

isit permit. Pages 1, 2, 3 should

1 -	FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

TIEGIOTIDAT										OF DEATH			3. TIME OF DEATH
1. DECEDENT'S NAME (First, M.									2. DATE (NY.	YEAR	3. TIME OF DEATH
Robert Ant	thony	FALKEN	NSTEIN						Aug	ust 6	, 19	90	4:15
4. SOCIAL SECURITY NUMBER	R	5. SEX	6. AGE (In yrs. I	last birthday)	IF UNDER	1	-	9 24 HRS.	7. DATE C	DE BIRTN		8. BIRTI Count	NPLACE (State or Foreign
212-44-1456		1 M 2 F	44	YRS.	MONTHS	DAY8	HOURS	MIN.	08	26 4	15		Md.
9e. FACILITY NAME (If not instit					9b. CITY	Y, TOWN C	OR LOCAT	ON OF DE	EATH		9c. COU	INTY OF D	DEATN
Franklin Sq.	uane.	Hospital	1			ROA	svil	10			Ra'	ltimo	200
RESIDENCE OF DECE		10.5/50000				710.5%	37.00	<u> </u>			Ιυα	I C I III	or e
	IOB. COUNTY			10c. CI	TY, TOWN	OR LOCAT	TION						10d. INSIDE CITY LIMITS?
Md.	Bal	timore			2	ssex	c						1 YES 2 NO
10e. STREET AND NUMBER	1						f. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
1207 Sugarwo	od Ci	ncle					212	221				115	A
11. MARITAL STATUS	700 (10	12. WAS DECEDEN	IT EVER IN U.S.	ARMED	13.	WAS DEC		_,	VIC ORIGIN	? (Specify Yes	or No-	14. BAC	/ I a E — American Indian.
1 Never Merried 2 Me	erried	FORCES?		NO		If yes, sp	ecity Cub	en, Mexica	n, Puerto R	ican, etc.)		Blac	k, White, etc.
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Robert Ant		arrenst						0 1		0			
Karen L. Fa				19b. MAILIN	-				_	er, City or Tow			
naven L. ra	rens:	tein		120/	Suga	COOM	d (1	rcle	CASE	ex, Md.	212	21	
20a. METHOD OF DISPOSITION 1 M Burtel 2 ☐ Cremetion		wal from State	20b. PLAC	place)	SITION (No	ame of ce	metery, cre	matory or					own, State
4 Donation 5 Other (S)				Va	k La	un (emez	ery		Ca	stwo	od,	Md.
21. SIGNATURE OF FUNERAL S	SERVICE LIC	ENSEE	- 1				ND ADDR					001	C
		V2	11			10 1		7 .			-	701	J.
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Part I. S Other 28d. DES 26f. LOC. City of time, date	24a. WAS AN PERFOIL 1 VES : (Specify) CRIBE HOW ATION (Street or Town, State end place, end	I AUTOPSY RMED? 2 DR NO INJURY Or and Number	CCURED er or Rural ated,	Approximate interval Betwo Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do

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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

permit, Pages 1, 2, 3 should

ERAL DIRECTOR

TO BE COMPLETED BY

- STATE REGISTRAR	/
1. DECEOENT'S NAME (First,	-
4	1
4. SOCIAL SECURITY NUMB	
226-09-	4
9a. FACILITY NAME (If not in	st
Baltimore	_
RESIDENCE OF DEC	2
10a. STATE	
Maryland	
10e. STREET AND NUMBER	
7(00 01	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR			CE	RTIFIC	ATE C	F DEATH	***************************************	REG. NO.				
1, DECEOENT'S NAME (First,	Hiddle, Last)	leu i	1	- 1	VL	005.00	2. DATE O	F DEATH	w	ďň	3. TIME	OF DEATH
4. SOCIAL SECURITY NUMB	IHIN	5, SEX 6, /	GE (In yrs. las	t hirthday) 5	UNDER 1 YEA	IF UNDER 24 HRS.	7. DATE OF	E BIDTH)	1 BIRTI	IDI ACE /S	State or Foreign
226-09-	8344	1 M 2 D F	78		NTHS DAY		9/2	7/11		Count	(ערי	ginia
9a. FACILITY NAME (If not in	stitution, give s	treet and number)		96	CITY, TOV	N OR LOCATION OF	OEATH		9c. COU	NTY OF C	EATN	
Baltimore (County	General H	ospita	1	Ran	dallstown			Ва	1tim	ore	
10a. STATE	10b. COUNT	Y		10c. CITY, T	OWN OR LO	CATION					10d. INS	IDE CITY
Maryland	Ba1	timore		He	bbvi	lle						S 2 KNO
10e. STREET AND NUMBER						101. ZIP CODE			10g. CIT	IZEN OF	WHAT COU	JNTRY?
7602 Clays	Lane					21207			<u> </u>		S.A.	
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDENT EV FORCES? 1	YES 2 KM		If yes	DECENDENT OF HISP, specify Cuban, Mexi YES 2 X NO Spec	can, Puerto Ric		or No-	14, RACI Blac Spec	k, White, e	ite
15. DEC	EDENT'S EDU	CATION		CEDENT'S USI		ATION most of working	16b. I	CIND OF BU	SINESS/IN	DUSTRY		- Carolin
Elementary/Secondary (0		College (1-4 or 5+)	life.	Do NOT use re	tired.)	Those or working						
2 Years			Se	xton				Arlin	igton	Вар	tist	Church
17. FATHER'S NAME (First, M.	iddle, Last)					18. MOTHER'S	NAME (First, Mi	ddle, Maiden	Sumame)			
Charles Fu	nkhous	er				Un	known					
tea. INFORMANT'S NAME (7)			19	b. MAILING AD	DRESS (Str	eet and Number or Run	al Route Numbe	r, City or Tow	n, State, Z	ip Code)		
Mrs. Ruth	Leaf			441 06	11a /	Avenue E	llicot	t Cit	y. M	D 2	1043	
20a. METNOD OF DISPOSIT	ION		20b. PLACE	OF DISPOSITI		f cemetery, crematory o		_			own, State	
1 X Burial 2 Cremation 4 Donation 6 Other		oval from State	other pl	surrec	tion	Acres		He	bbvi	11e.	Mar	yland
21. SIGNATURE OF FUNERA	SERVICE LI	CENSEE			22. NAM	E AND ADDRESS OF	FACILITY					
) John	Ci					ing Byers 8 Liberty						
23. PART I. Enter tha d					antar tha	mode of dying, st	uch aa cardi	ac or reap	Iratory a	rrest,		pproximate
IMMEDIATE CAUSE (Fir		Liat only one cause	on each line	C \	\.							terval Between neet and Death
disease or condition resulting in dasth)	→	. Dep	DC	One	CK						_	
	_	0	AS A CONSE	- 0	10	-ft						
Sequantially list condit			AS A CONSE) ~	111		. 1	40.	1		
cause. Entar UNDERLY		. Seve	ere.	Chron	TIC E	abstrac	FUC F	ulmo	DARL	1 ax	-Gbe	se.
that initiated events		OUE TO (OR	AS A CONSE	OUENCE OF):			-					
resulting in death) LAS		d										
PART il. Other significa	int condition	ns contributing to day	th but not	resulting in 1	tha undan	iving causa given	in Part I.	24a. WAS AN	AUTOPSY	24	b. WERE A	UTOPSY FINDINGS
1004	VION	to in stor	du	Lin	Line	NI		PERFO	V			LE PRIOR TO
	VEII	INC. CUI HT	CHY	-100		7.10	_	1 TYES	NO		OF DEAT	
-											1 🗌 YE	S 2 NO
25. WAS CASE REFERRED T	O MEDICAL	1				e Di Age of Talling	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s					
EXAMINER?	O MEDICAL	HOSPITAL:			THER:	6. PLACE OF DEATN (
1 YES 2 NO		1 Inpetiant 2 EF		28b. TIME C		Noma 8 Residence NJURY AT		(Specify)	AL ILIBY O	CCURED		
	Pending	(Month, Day, 1		INJUR	Υ	WORK?	200. DESC	MIDE NOW	INJUNT O	CCURED		
2 Accident	Investigation	28e. PLACE OF IN	HIDV As b	to the state			204 1.004	TION (Street	and Mumb	as as Drival	Dougla Mus	white
3 Suicide 8 4 Homicide	Could not be detarmined	building, etc.	(Specify)	one, term, stre	et, metory,	onica		r Town, State		er or narer	NOOIS NUN	noer,
29a. CERTIFIER	TIFYING PHYS	SICIAN: To the best of my	knowledge. 4	eath occurred	at the time	dats and place, and c	lus to the care	e(s) and ma	inner as st	ated.		
CONSTRUCTION OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF TH		ER: On the basis of axam									(a) und ma	inner sa stated.
29h SIGNATURE AND TITLE	OF CERTIFIE	1				29c. LICENSE	IUMBER		29d. DA	TE SIDNE	D Month, I	Day: War)
Sarla	ras	Horha.	MID	>,		Das	609		•	8 6	197	
30. NAME AND ADDRESS O	F PERSON WI	O COMPLETEO CAUSE	OF DEATH (ITE	M 27) (Type, Pr	TO C	and t	2) (700	Ad	121	DUID	MM
31. DATE FILED (MONT), PRI	Q anno		SIGNATURE	1 01	1 (0001	u.		CAPI	. 3 -	0-011	1 1)
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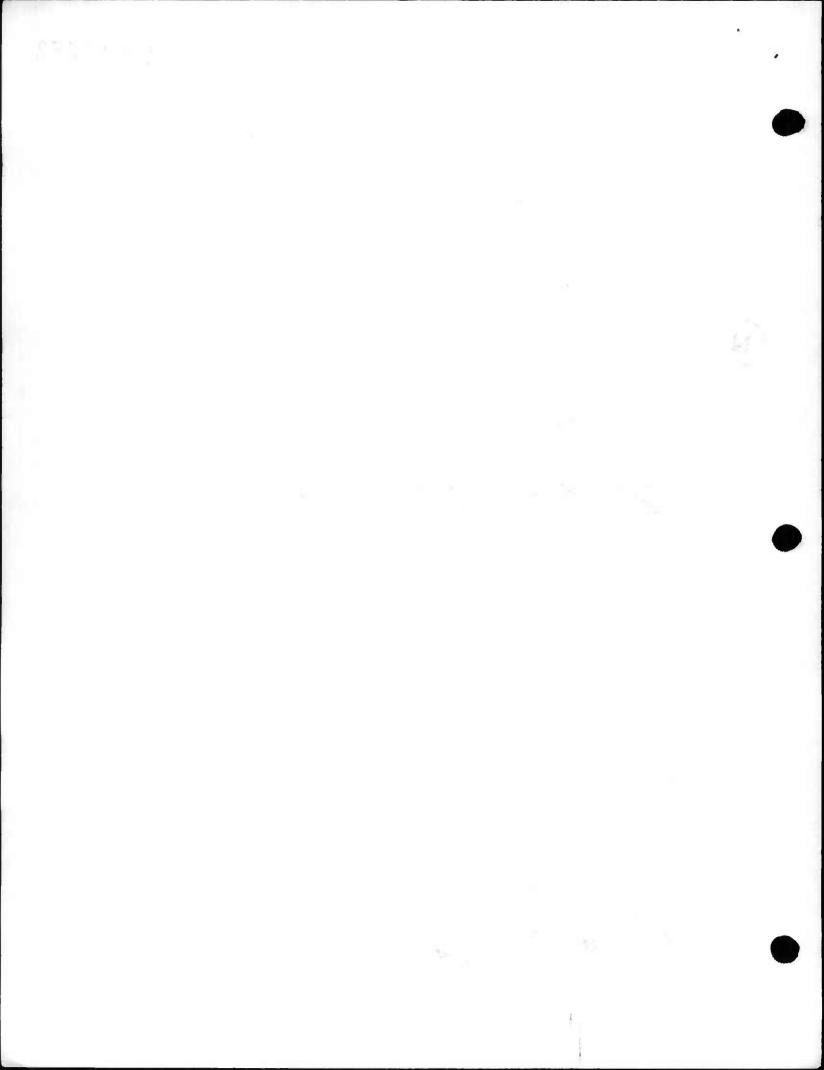
BALTIMORE, MARYLAND 21203-3146 ter death. Page 6 may be retained by the incition and physician.

u the burial-transit permit, Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	N S	dettic	once
j	3	8	75
DALI IMONE, MANILAIN	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by 🗯 🗠	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detailed to filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
6	De la	ade	pe :
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	24 110	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	the m
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DIVISION OF VITAL RECORDS, F.C. DOA 13149,	R AT	RECT UNS a	E 2
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	FOR STATE REGISTRAR		STATE OF M		D / DEPAR CERTIF					MENTAL	HYGIEN REG. NO.	E			
\neg	1. OECEOENT'S NAME (First	, Middle, Last)								2. DATE O			VEAS	3. TIME OF	DEATH
	Gustav	Gero:	ld							Augu	st 4		90	2:	55 P M
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs	s. lest birthday)	IF UNDER		IF UNDER		7. DATE O				PLACE (State	or Foreign
	212-03-6707		1 🖾 M 2 🗆 F	9	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year) -27-1	899	Countr (m German	v
	9a. FACILITY NAME (If not in	nstitution, give s	treet and number)			9b. CITY	9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN							7	
ج ا	Augsburg	Luther	ran Home			Lochearn					Baltimore				
5	RESIDENCE OF DEC	CEDENT											42021	nore.	
#	10a. STATE	10b. COUNTY	•		10c. CIT	Y, TOWN C	OR LOCAT	ION				10d. INSIDE CITY LIMITS?			CITY ?
5	Maryland		Loc	chea	rn			1 ☐ YES 2 ☑ NO			2 🙀 NO				
₹	10e. STREET AND NUMBER			101	. ZIP COD	E		10g. CITIZEN OF WH				RY?			
FUNERAL DIRECTOR	6305 1/2 Sylvan Drive							2	1207				U.S.A	A.	
5	11. MARITAL STATUS	enut somern	12. WAS DECEDEN FORCES? 1	T EVER IN U.S	ARMED					IIC ORIGIN?	(Specify Yas	or No-	14. RACE	— American c, White, etc.	Indian,
BY	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE V						Specify		carr, etc.,		Speci	tty:	0.0
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FFED		EDENT'S EDU		164	(Give kind of life. Do NOT u	work done	during mo	on at of workli	ng	16b. I	CIND OF BUS	INESS/IN	DUSTRY		
	Elementary/Secondary (I		College (1-4 or 5								0.6	D 177	1 1		
COMPC	2 years Techn						x Dr			1	C & .		Lepho	ne	
_	Rudolf J.		ıd					18. MO1							
# R	19a. INFORMANT'S NAME (Lu		19b. MAILING	ADDRES	C /Cten et e	nd Mumba			h Gin		in Codel		
일	Mrs. Bet	**	• 77		400 Ct								29621	ı	
	20a. METNOD OF DISPOSIT		- 4	20h PI					_	nuers			- Cify or To		
	1 € Burial 2 ☐ Crematic 4 ☐ Donation 8 ☐ Other	on 3 🗆 Rem	oval from State	oth	er piace)	awn Cemetery									
	21. SIGNATURE OF FUNERA		ENSEE		WOOdia	22. NAME AND ADDRESS OF FACILITY									
	· 0.1	V	1	-74		1	Loring Byers Funeral Directors, Inc.								
	you	~ ^	Hym			8728 Liberty Road Randallstown, MD 211						21133			
	23. PART F. Enter the d shock, or h IMMEDIATE CAUSE (Fit disease or condition	eart fellure.	epmplications the List only one cer	ise on each	line.					h aa cardi	ac or reapi	ratory a	rrest,	Interv	oximsta ral Between t snd Desth
	reaulting in danth)	→	OUE TO		NSEQUENCE O		الم المحما	rail	une						
RTIFICATION	Sequentially liet condit	diete	bDUE TO	(OR AS A CO	NSEOUENCE O	PF):					-				
5	cause. Enter UNDERLY CAUSE (Disease or Inju		C											_	
έl	that initiated eventa resulting in death) LAS	ST.	DUE TO	(OR AS A CO	NSEOUENCE O	F):								i	
	rosating in county exc		d											-	
اي	PART II. Other algnific	ent condition	a contributing to	death but r	not resulting	In the u	nderlyln	ceuse	given in	Part I.	24a. WAS AN		24b	WERE AUTO	
MEDICA											PERFOR			COMPLETION	
												ps no		OF DEATH?	2 🗆 NO
										_			1		
¥	25. WAS CASE REFERRED 1	TO MEDICAL					26. PI	ACE OF D	EATN (Ch	eck only one)				
2	EXAMINER?		HOSPITAL:	ER/Outpatie	nt 3 🗆 DOA	OTHE	R:			8 🗆 Other					
Ė	27. MANNER OF DEATN		28a. DATE OF	INJURY	28b. Til	AE OF	28c. IN.	URY AT	331031103		RIBE HOW I	NJURY O	CCUREO	-	
BY PHYSICIAN:	1 - 177	Pending	(Month, I	Day, Year)	IN	JURY M		PRK? YES 2 [□ NO						
	2 Accident 3 Suicide	investigation	28a. PLACE (F INJURY —	At home, farm,	street, fac	tory, offic	•		28f, LOCA	TION (Street	and Numbe	er or Rural i	Route Number,	
	4 Nomicide	Could not be determined	building	etc. (Specify)						City o	Town, State)				
4	29a. CERTIFIER	TIFYINO PNYS	CIAN: To the beat o	f my knowledo	e, death accur	red at the	fime date	and place	and due	to the care	e(a) and me	Ther as st	ated		
COMPLET	one)		R: On the beals of a											s) and manne	r as stated.
# H	29b. SIGNATURE AND TITLE		ans						ENSE NUI	MBER 573		29d. DA		(Month, Day,	Year)
2	30. NAME AND ADDRESS O		O COMPLETED CAL	SE OF OEATN	(ITEM 27) (Typ	e, Print)									
- 1		2.ben	MD	7710	Park	110	- lat	- F	hie	P	altimo		. AAT	717	00



BALTIMORE, MARYLAND 21203

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERTIF	CATE OF	DEATH	R	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF T			3	. TIME OF DEATH	
	EDWARD J HOODA	LE			MONTH	25	- 90	AR	500 P	м
		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E	MRTH	10.5	BIRTHPL	ACE (State or Foreign	_
		36 YRS.	MONTHS DAYS	HOURS MIN.	(Month, De	v Wue-4		Country)		
					10 24		Carolina	a		
~	9a. FACILITY NAME (If not institution, give street and number)		96. CITY, TOWN	OR LOCATION OF DE	ATH	- 1	9c. COUNTY	OF DEA	тн	-1
Ö	Mercy Hospital		Ba	ltimore	City .	, Baltimore City				
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	10c CIT	r, TOWN OR LOCA	TION		10d, INSIDE CITY			\dashv	
E		100.011			LIMITS			LIMITS?	- [
	Maryland Balto. City			ltimore (ity				YES 2 NO	_
3AI	10e. STREET AND NUMBER		10			10g. CITIZEN		AT COUNTRY?		
	2681 Eagle Street			223	U.S.					
FUNERAL	11, MARITAL STATUS 12. WAS DECEDENT EVER FORCES? 1 YES			CENDENT OF HISPAN Hecity Cuban, Mexica						
BY	1 Never Married 2 Married IF YES, GIVE WAR OR I		1 ☐ YES 2 ☒ NO Specify: Specify							
		1						hite	\dashv	
回	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S (Give kind of s	vork done durina m	ON ost of working	16b. KIN	D OF BUSI	NESS/INDUST	RY		
Ë	Elementary/Secondary (0-12) College (1-4 or 5+)	III. Do NOT us	She kind of work done during most of working a. Do NOT use retired.)							ı
MP	7th Grade	Too1	and Di				ppers	Com	pany	_
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middl	le, Maiden Si	umame)			
BE (Unknown				Harrie	tte	Unkn	lown		
	19a. INFORMANT'S NAME (Type/Print)	19b. MAJLING	ADDRESS (Street	and Number or Rural I	Route Number, (City or Town,	State, Zip Coo	de)		
5	Seton Manor Nursing Home	501	W. Frank	klin Stre	et Ba	ltim	ore. M	D	21201	
	20s. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from State	b. PLACE OF DISPOS				Baltimore, MD 21201 20c. LOCATION — City or Town, State				
	4 Donation 5 Other (Specify)		dlawn Ce	meterv		Woo	dlawn	. м	D	
	21. SIGNATURE DE EGNERAL SERVICE LICENSEE M	1)	22. NAME A	ND ADDRESS OF FA	CILITY					
	► Alender III te	WK-		ing Byers						
	7292/02								, MD 2113	33
	23 PART I. Enter the diseases, or complications that cause shock, or heart failure. List only one cause on		tot enter the m	ode or dying, auc	n as cerdiac	or reapire	story arrest,		Approximate Interval Betwe	en
- X	IMMEDIATE CAUSE (Final	/	014.						Onset and De	ath
	disease or condition resulting in death) Seguentially list conditions. Seguentially list conditions.									
	DUI TO (OR AS A CONSEQUENCE OF):									
Z	Sequentially list conditions,									
CERTIFICATION	If any, leading to immediate	A CONSEQUENCE O	F): / /							
2	CAUSE, Enter UNDERLYING CAUSE (Disease or Injury								-	_
TIF	that initiated events resulting in death) LAST	A CONSEQUENCE O	F):						i	
ER	d									_
C	PART II. Other algorificant conditions contributing to death	but not resulting	in the underlyin	a ceuse alven in	Part I. 24	, WAS AN A	WTOPSY	24b. V	VERE AUTOPSY FINDIN	GS
DICAL						PERFORM			WAILABLE PRIOR TO COMPLETION OF CAUSE	
O.					— [1]	YES 2	NO		OF DEATH?	
Ž								1	YES 2 NO	
PHYSICIAN: ME								L		_
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		OTHER:	LACE OF DEATH (Ch	eck only one)		_		· · · · · · · · · · · · · · · · · · ·	-i
YSI	1 VES 2 NO 1 Inpatient 2 ER/Ou		4 I Nursing Ho	me 5 🗌 Residenca						
F	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey, Year)			JURY AT ORK?	28d. DESCRI	BE HOW IN	JURY OCCUR	ED		
BY	1 Natural 5 Pending 2 Accident Investigation		M 1 🗆	YES 2 NO						
ED I	3 Suicide 6 Could not be 28e. PLACE OF INJUI		street, factory, offi	ca		ON (Street ar own, State)	nd Number or I	Rural Roi	ute Number,	
H	4 Homicide determined									
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my kno	wiedge, death occurr	ed at the time, day	a and place, and due	to the cause(a) and man	ner as stated.			
Ž	one) 2 MEDICAL EXAMINER: On the basis of examinat	ion and/or investigation	on, in my opinion,	death occured at the	time, data and	f place, and	due to the co	ause(s)	and manner as stated	
	196. MUSHATURE AND TITLE OF CERTIFIER			29c, LICENSE NU	MDED	-	204 DATE OF	ONED /	Hooth Day Mark	-
BE	Idension and Alter No			296. LIVENSE NU	muEN.		DATE SI	26	Morith, Day, Year)	
2	39. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	EATH (ITEM OF CT :	Defeat)	pho			1/	1	110	
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		physician and completely filled in by the funeral director, page 5 should be detached for use at the burns, must permit. Pages 1, 2, 3 sho ene prior to burial, cremation, or removal.	
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BOX 13146,	dificate be executed within 27 hours after death. Page 6 may be retained by the hospital or amending a page.	physician and completely filled in by the ene prior to burial, cremation, or removal.	then become add account the mentions around and manifest at many
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last)		041111111	ATE OF DEATH	REG. NO.			
Olive	L.	Gosnell		2. DATE OF DEATH MONTH DA	Y 90 YEAR	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 214-24-5842	5. SEX 6. AQ		F UNDER 1 YEAR IF UNDER 24 HI DNTHS DAYS HOURS MI	MARKET Plant Mark	8. BIRT Coul	THPLACE (Stere or Foreign ntry) nsylvania	
Sa. FACILITY NAME (If not institution, give	street and number)	9	b. CITY, TOWN OR LOCATION C		9c. COUNTY OF		
Baltimore (County Genera	al Hosp.	Randallstow	n	Ва	ltimore	
10e. STATE 10b. COUNT Maryland I	altimore		rown on Location Randallstown			10d. INSIDE CITY LIMITS? 1 YES 2 K NO	
10s, STREET AND NUMBER	Barcimore		10f. ZIP CODE		T 40- CITITEN OF	OF WHAT COUNTRY?	
Meridian Nursing			2113		U.S.A.		
11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 X NO		SPANIC ORIGIN? (Specify Yes axican, Puarto Ricen, etc.) specify:	Ble	CE — American Indian, lock, White, etc. locky: White	
15. DECEDENT'S EDU (Specify only highest grad		16e. DECEDENT'S US	BUAL OCCUPATION is done during most of working	16b. KIND OF BUS	SINESS/INDUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use i	retired.)				
8th Grade			Worker	Dry	Cleani	ng	
17. FATHER'S NAME (First, Middle, Last)			Surname)				
Charles	Herring			Josephine	Davis		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street and Number or F	Rural Route Number, City or Tow	n, State, Zip Code)		
Mr. Robert M. Ku	ıhn	Rt 2 Bo	x 427 P Chest	ertown, MD	21620		
20a. METHOD OF DISPOSITION 1 ☑ Burlel 2 ☐ Cremation 3 ☐ Ren	nough from State	Ob. PLACE OF DISPOSIT	ION (Name of cemetery, cremator	y or 20c. LO	CATION City or	Town, State	
Donation 6 Other (Specify)		Cedar Hill	Cemetery	В	altimore	. MD	
11. SIGNATURE OF FUNERAL SERVICE LI	A	4	Loring Byers	Funeral Dir y Road Rand			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	· CARDIO	S A CONSTOUENCE OF):	ratory o	mest.			
PART II. Other algorificant condition	d	but not resulting in	the underlying ceuse give	on in Part i. 24e, WAS AN PERFO	RMED?	4b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
			26. PLACE OF DEAT	H (Check only one)		1 YES 2 NO	
			OTHER:				
25. WAS CASE REFERRED TO MEDICAL, EXAMINER? 1 YES 2 NO	HOSPITAL:			once 6 Other (Specify)			
EXAMINER? 1 YES 2 NO	1 Inpetient 2 ER/O	utpetient 3 DOA 4	OF 28c. INJURY AT	enca 6 Other (Specify) 28d, DESCRIBE HOW	INJURY OCCURED		
EXAMINER? 1	1 Inpetient 2 EP/O 28a. DATE OF INJUF (Month, Day, Yea	utpetient 3 DOA 4	OF 28c. INJURY AT	28d. DESCRIBE HOW	INJURY OCCURED		
EXAMINER? 1 YES 2 NO 17. MANNER OF DEATH	28a. DATE OF INJUF (Month, Day, Yea	ry 28b. TIME INJUI	OF 28c. INJURY AT WORK? M 1 YES 2 N	28d. DESCRIBE HOW	and Number or Run	1 TYES 2 NO	
1	28a. DATE OF INJUR (Month, Day, Yea 28a. PLACE OF INJUR building, etc. (S SICIAN: To the best of my kn VER: On the basis of axamins	utpetient 3 DOA 4 Y 20b. TIME INJUI RY — At home, farm, str pecify) owledge, death occurred	OF 28c. INJURY AT WORK? M 1 YES 2 N	28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State d due to the cause(a) and ma at the time, data and place, as	and Number or Run nner as stated. Indidue to the cause	1 YES 2 NO	

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mount after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be find within 72 hours after death with the State Den, or Health and Mental Horiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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31. DATE FILEO (Moñth, Day, Year)

AUG 0 8 1990

	REGISTRAR		CE	-Allir	ICAI	E OF	DEA	IH	1	REG. NO		-		
	1. DECEDENT'S NAME (First, Middle, Lest) Matthew 8. Gr	ace							2. DATE		2	YEAR O	3. TIME OF D	858 F
	4. SOCIAL SECURITY NUMBER	S SEX	6. AGE (In yrs. last	t birthday)	IF UNDE	R 1 YEAR	IF UNDER	R 24 HRS.	7. DATE	OF BIRTH	5	-	IPLACE (State or	V - U
	216 96 7935	1 M 2 🗆 F	27	YRS.	MONTHS	DAYS	HOURS	MIN.	Mont	h, Day, Year)	63	Count		
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CIT	Y, TOWN O	R LOCATI	ION OF DE	EATH	~ ()		NTY OF D		N.D
OH	Howard Co, Ge	Neral	HOSP,		N	ower	rd	Cou	(N+	Y	Ca	Plun	nbia	
2	RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCAT	ION		(10d. INSIDE C	ITY
DIMECTOR	Ma Ho	WARD		J	ES	SUP							LIMITS?	No
- 13	10e. STREET AND NUMBER	0 /	, ,	1,		_	. ZIP COD				10g. CITI	ZEN OF V	WHAT COUNTRY	7
FUNERAL	PO BOX 700 1	Patuxen	t Inst	itut	0	Je	25546	MI	92	0794	6	151	9	
5	11, MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN	T EVER IN U.S. ARI	MED	13.	WAS DEC	ENDENT (OF HISPAI	NIC ORIGI	N? (Specify Ye	s or No-	14. RACI	E — American I k, White, etc.	ndlen,
10	Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, atc.) Black, W										my: lash	te		
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<u>.</u>	(Specify only highest grade completed) [Give kind of work done during most of working life. Do NOT use retired.] [Give kind of work done during most of working life. Do NOT use retired.]													
COMPLEIED	7		U	Nen	10/0	ye	3							
5	17. FATHER'S NAME (First, Middle, Leet)				"		16. MOT	HER'S NA	ME (First,	Middle, Maide	n Sumame)	4.		
DE L	190 INFORMANT'S NAME (TIME/Print)		1 101	MAII 141/	ADDOES	20 (Otmat a		-101	nc		ner	Cy		_
2	190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Statu, Zip Code) 191. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Statu, Zip Code) 192. Willow Spring Rd - Dundal K. Md,											. 2/2	22	
	20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION City or Town, State													
	20b. PLACE OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, cremetery or 20c. LOCATION — City or Town, State 4 Donation 5 Other (Specify)													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. NAME AND ADDRESS OF FACILITY 24. NAME AND ADDRESS OF FACILITY											ma	re. 11	D
	21. SIGNATURE OF FUNERAL SERVICE LK	CENSEE	136,070	0 17	23	NAME AN	O ADDRE	SS OF FA	CILITY	PRAL	110	MO	re, 1-1	P
	21. SIGNATURE OF FUNERAL SERVICE LIKE	CENSEE	0110	20 170	227	NAME AN	HEU	US (ESS OF FA	CILITY TUN	ERAL A	Ho	ME	21 21 mass M	24
	23. PART I. Enter the diseases, pr	complications the			/	DATI 3021	HEU	NS 257	ten	ERAL A r	Hone B		Mare M	
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the hospital or attending physician, detached for use as the burial-transit permit. Pages 1, 2, should BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within & mours after death. Page 6 may be retained by t	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be he find within 72 hours after death with the State Deut, of Health and Mental Hopiene prior to burial, eremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at

BOOKER T. Harris ## A. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 241-24-1671 **B M 2 D F	Od. INSIDE CITY LIMITS? XX YES 2 \(\) NO
4. SOCIAL SECURITY NUMBER 241-24-1671 9a. FACILITY NAME (If not institution, give street and number) 9a. FACILITY NAME (If not institution, give street and number) 8b. CITY, TOWN OR LOCATION Baltimore 10c. CITY, TOWN OR LOCATION Baltimore 10c. CITY, TOWN OR LOCATION Baltimore	N. C. TH Od. INSIDE CITY LIMITS? XX YES 2 \(\sum \) NO
3706 Woodhaven Avenue Baltimore RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION Baltimore 100.	Od. INSIDE CITY LIMITS? XX YES 2 \(\) NO
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Baltimore 10 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT 37.06 Woodbayer Avenue 21.216	LIMITS? XX YES 2 □ NO
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHA 27.06 Woodhaven Avenue	AT COUNTRY?
37.00 MODULIAVELLI AVELIUE 1 0 3 A	
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:	- American Indian, White, etc. BIACK
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) T7. FATHER'S NAME (First, Middle, Last) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working like. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY FOR Meade Dept of Army 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)	
17. FATHER'S NAME (First, Middle, Last) Graham Harris Isadore	
P	1216
20g. METHOD OF DISPOSITION 1 Cl Burlel 2 Cremetton 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometer), cremetory or other place of Carrison Forest Vet Cem 20c. LOCATION — City or Town, Other place of Carrison Forest Vet Cem 20c. LOCATION — City or Town, Other place of Carrison Forest Vet Cem	
21. SIGNATURE OF FUNETAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue	
23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory street, shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final	Approximate Interval Between Onset and Death
disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF):	dyllus
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	
PERFORMED? 1 YES 2 NO OI	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input lent 2 ER/Outpet lent 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28. DATE OF INJURY (Morit, Day, Vear) 1. INJURY 28. INJURY AT WORK?	
1 Natural 5 Pending	
2 Accident Investigation 3 Suicide 6 Could not be detarmined 2 Accident 3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)	ate Number,
29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(a) and manner as stated.	and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER A 297. 296. LICENSE NUMBER A 297. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	Month, Day, Year)

31, DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAN'S SIGNATURE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the item the been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO.				
,	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DAY	RA3Y Y	3. TIME OF DEATH		
1	BERTIE HANDY					X 3	90	450 P M		
- 1	4. SOCIAL SECURITY NUMBER 5	s. SEX 8. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	s, BIRT	HPLACE (State or Foreign		
	213-14-10/0	Λ.	1 YRS.	ONTHS DAYS	HOURS MIN.	01/01/		HPLACE (State or Foreign fry) MD		
ر س	9a. FACILITY NAME (If not institution, give stree		91		R LOCATION OF DE	ATH	9c. COUNTY OF	DEATH		
<u>و</u> ا	HESIDENCE OF DECEDENT	HOSPITAL		BALTIM	ORE					
B	10e. STATE 10b. COUNTY		10c. CITY, 1	OWN OR LOCAT	ION	7	1.5	10d. INSIDE CITY		
DIR.	MD		В	ALTIMO	ORE,CIT	Υ		1 YES 2 NO		
FUNERAL DIRECTOR	1500 CLIFTVIE	W AVE.		101	21213		10g. CITIZEN OF	WHAT COUNTRY?		
Ž	11. MARITAL STATUS	2. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yea	or No.— 14. BAC	E — American Indian.		
BY FL	1 Never Merried 2 X Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 📉 NO	If yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, White Specify:						
	16. DECEDENT'S EDUCAT	16b. KIND OF BUS	INESS/INDUSTRY							
BE COMPLETED	(Specify only highest grade con	st of working	i							
	Elementary/Secondary (0-12) 10th									
			BEAUTIC	27111						
	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First						Surname)			
	JOHNNIE JOHNSOI	N			CORA	McBRIDE				
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILINO AL	ODRESS (Street e	nd Number or Rural I	Route Number, City or Town	n, State, Zip Code)			
임	ELMER HANDY		1500	CLIFT	VIEW AV	EBALIII	MORE, N	1D. 21213		
	29a METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Remove	21	b. PLACE OF DISPOSIT	ON (Name of cer	netery, crematory or	20c. LO	CATION — City or	own, State		
	↑ Burial 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	al from State	IARYLAND	NATIO	VAL MEM	. PK. LAI	UREL. N	1D.		
	21. SIGNATURE OF FUNERAL SERVICE LICEN		71111	_	ID ADORESS OF FA		- · · · · ·			
	- A D			1						
	Il adio	Warren)		WM.C	. MARCH	F.H. 11	01 E. N	NORTH AVE.		
CERTIFICATION	disease or condition resulting in death) Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Later Cerebal Henorches DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
۱,	PART il. Other significent conditions	contributing to deeth	but not resulting in	the underlying	ceuse given in	Part I. 24s, WAS AN	ALITOPSY 24	Ib. WERE AUTOPSY FINDINGS		
MEDICAL	HIN					PERFOR	Tomas San	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 JL NO		
A N	25. WAS CASE REFERRED TO MEDICAL			**		-1				
PHYSICIAN:		HOSPITAL:		26. PI	ACE OF DEATH (Ch	eck only one)				
N S		Impatient 2 ER/Ou		☐ Nursing Horr	e 5 Residence	8 Other (Specify)				
Ŧ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)			URY AT	28d. DESCRIBE HOW I	NJURY OCCURED			
ВУ	1 Natural 5 Pending 2 Accident Investigation	110000000000000000000000000000000000000	.572		YES 2 NO					
	3 Suicide 8 Could not be	28e. PLACE OF INJUI	RY — At home, farm, str	eet, factory, offic	•	281. LOCATION (Street s	and Number or Rura	l Route Number,		
	4 Homicide determined	building, etc. (Sp	эвспу)			City or Town, State)				
m.	29a, CERTIFIER				:·					
COMPLETED	(Check only one) 2 MEDICAL EXAMINER:							(e) end manner ee stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MOED	204 DATE BLOW	ED (Month, Day, Year)		
H	296. SIGNATURE AND TITLE OF CERTIFIER	7//			29c. LICENSE NU	MBEH				
6	Makrol 16	20her	~ ~ ~					3-90		
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF D	DEATH (ITEM 27) (Type, P	rint)		eral He	19	Baltimore		
	Micheel Ph	Mins	no u	31.1017	Men	eral Ho	spital	Mx 21218		
	31. DATE FILED (Month, Day, Year)	32. RÉGISTRAR'S SIC	NATURE				,	F Daniel Section 1		
	AUE 08 1990 90	was Davidson-	latter							

BEAUTICIAN

JOHNSON BINNHOL

ELMER HANDY

10th

XX

MARYLAND NATIONAL MEM. PK. LAUREL, MD.

1500 CLIFTVIEW AVE.-BALTIMORE, MDD 21213

Dlang World WM.C. MARCH F.H. 1101 E. NORTH AVE.

CORA MCBRIDE

Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

REGISTRAR		CERTI	FICATE	OF DE	ATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Lest) NORMA Louise	HERO	N				2. DATE OF MONTH AUGUS	F DEATH	1990	3. 1 5 :	TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. last birthday			DER 24 HRS.	7. DATE OF	BIRTH	8.	BIRTHPLAC Country)	CE (State or Foreign
217-24-9390	1 □ M 2 🔎 F	62 YRS.	MONTHS	DAYS HOUR	B MIN.	04 2	7 28		ournity)	Md.
9e. FACILITY NAME (If not institution, give st			-71-	TOWN OR LOC				9c. COUNTY	Y OF DEATH	Н
THE JOHNS HOPKI	NS HOSPIT	AL	E	ALTIMO	RE CI	ΓY		BAL	TIMOR	RE CITY
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	1	10c. C	ITY. TOWN C	OR LOCATION					10d	I. INSIDE CITY
Md.										LIMITS?
3510 E. Fairmound	Avenue			10f. ZIP C					N OF WHAT S.A.	COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED YES 2 NO		WAS DECENDEN				or No- 14	Bleck, WI	American Indian, hite, etc.
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAI			1 🗌 YES 2 💢 I			and accep			White
15. DECEDENT'S EDUC (Specify only highest grade		16e. DECEDENT	'S USUAL O	CCUPATION during most of wo	urkina	16b. K	IND OF BUS	INESS/INDUS	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT	use retired.)		nung			Ati	Home	
17. FATHER'S NAME (First, Middle, Last) William Conra	des			16. M		ME (First, Mic		Sumeme)		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILE	NG ADDRES	S (Street end Num	ber or Rural	Route Number	; City or Town	n, State, Zip Co	ode)	
Wallace H, Heron	. Jr.			airmour						
20a, METHOD OF DISPOSITION 1 Suriel 2 Cremetton 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE OF DISP other place)		more (Ltimo		
21, SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	- A	$\overline{}$			-				
► Charles	D. Jen	len	C	harles	S.Zei	ler 8	Son	Inc.	Egsz	tern Ave.
										Approximate Interval Between
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BALTIMORE, MARYLAND 21203-3146 ours after death. Page 6 may be retained by the hospital or attending phy TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 29 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year) AUG 0 8 1990

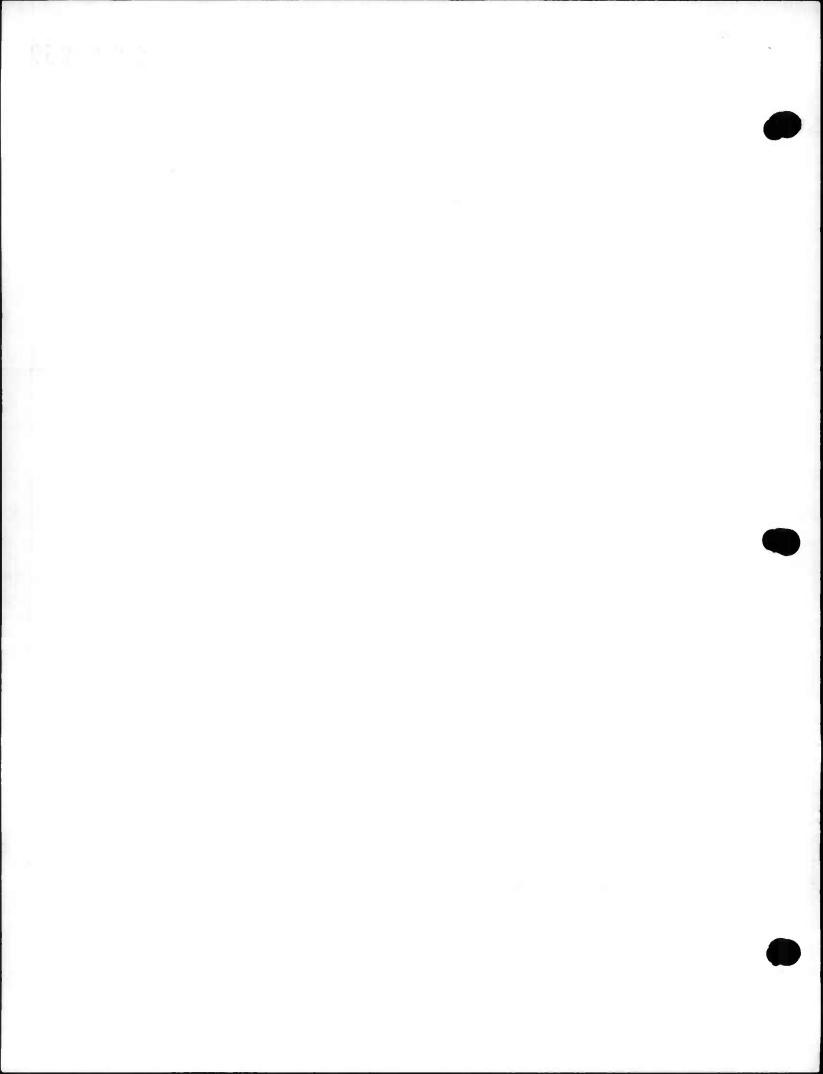
32. REGISTRAN'S SIGNATURE

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ò,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fille	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the
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DIVISION OF VITAL RECORDS, F.O. BOA 13149,	rte be e	ysician	prior to	traun.
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L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Debt. of Health and Mental Hygiene prior to burial, cremation, or removal. Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	PLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR
LORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached thours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	PLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEI		
	1. DECEDENT'S NAME (First, Middle, Last)			0		2. DATE OF DEATH		3. TIME OF DEATH
,	CATHERIN	E L H	FEPDIN) G		RUG-	7 1996	9:10 Am
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. E	NRTHPLACE (State or Foreign country)
	9s. FACILITY NAME (If not institution, give str	1 M 2 SF	3 YRS.		R LOCATION OF DE	OCT-25	9c. COUNTY	DE DEATH
OR	Good SAMA	RITAN	HOSP.	BAI	Timor			
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c. CITY,	TOWN OR LOCAT	ON			10d. INSIDE CITY
BI	Marylano Bai	Timore	Pa	akvil	5			LIMITS?
	10e. STREET AND NUMBER	THE WISE			ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	2907 Anoo	RRA POUR	7		21234	1	U.	S-A-
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES				IC ORIGIN? (Specify Y	es or No— 14.	RACE — American Indian, Black, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		1 TYES				Specify:
ED	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S U	SUAL OCCUPATION	N	16b. KIND OF B	USINESS/INDUST	RY RY
E I	(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)	(Give kind of wo	rk done during mos retired.)	t of working			
AP.	100000000000000000000000000000000000000					DEPT	: 513	RE
COMPLET	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maide	on Surneme)	
BE		ARL IRAC				GARST	KZI	Losa
2	19e. INFORMANT'S NAME (Type/Print)	200-	19b. MAILING A	DDRESS (Street a	-	Route Number, City or To	own, State, Zip Cod	(•)
	20e, METHOD OF DISPOSITION	OROS	PLACE OF DISPOSIT	TION (Name of con		C)V & 200 I	OCATION — City	or Town State
	1 Buriel 2 Cremetion 3 Remo	vel from State	other place)	CIA C	MITTER!	4 3	OLT E	00-
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			D ADDRESS OF FA		W-6-00	1
	► 1.077 .TZ			EVAN	CHAPE		- POOL	34.7
	23. PART i. Enter the diseeses, pr c	omplications that caused	the deeth. Do no	t enter the mo	de of dving, auci	o po No Pu		
	ahock, or heert failure. I	Liet only one cause on e	ach line.		, , , , , , , , , , , , , , , , , , , ,		,	interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	REPIR	AMRY	PA	LURG			9 dass
	resulting in desth)	DUE TO (OR AS A	CONSEQUENCE OF	:				2 chuys
Z	Sequentially list conditions,	Lunc						unclear
E	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF		0.6.1			1
음	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	FFU81	ON			unevear
CERTIFICATION	resulting in death) LAST	COPI						unolear
	DADT is Other significant condition	a contribution to death h	art mat as suiting in	the conductor		Don't law uno		
MEDICAL	PART II. Other algorificant condition	ason , b	l as data	O - m	ceuse given in	PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
ă	Nygerica	asgr / lo	VETTEL	KOV13		1 TES	2 NO	DF DEATH?
		,				_		1 TYES 2 KNO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF OEATH (Ch	eck only one)		
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3 DOA	OTHER: 4 - Nursing Hom	s 5 🗆 Residence	e Other (Specify)		
¥	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJ		28d. DESCRIBE HOY	V INJURY OCCUR	ED
ВУ	1 Naturel 5 Pending 2 Accident Investigation	NA	TAA		ES 2 NO			
	3 Suicide e Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, st	reet, factory, offic		281. LOCATION (Stree City or Town, Sta		Rural Route Number,
	4 Homicide determined	1	1A			-	-	
COMPLETED	one)	CIAN: To the best of my know						
S	2 MEDICAL EXAMINE		n end/or investigation	, in my opinion, d	eath occured at the	tims, date end place,	and due to the ca	suse(a) and manner as stated.
BE	296. SIGNATURE AND TITLE DE CERTIFIER	House office	195		29c. LICENSE NUI	WBER	29d. DATE SI	GNED (Month, Day, Year)
6				Dericat)			8	17170
	30. NAME OF ADDRESS OF PERSON WHO	SER RECT RI	LTITOR O	2 70	219 31			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		1,120	2.18 96			
	AUG 8 1990 Juli	a wandson-hand	Coce					





FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTI	FICATE	E OF	DEATH	F	EG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	IA//					2. DATE OF MONTH		YEAR	3. TIME OF DEATH	
JOHN JACK	174				1		t 2, 199		5:00 A. M	
4. SOCIAL SECURITY NUMBER 217-12-5673	1 🔀 M 2 🗆 F	AGE (In yrs. lest birthde) 66 vns.	MONTHS	DAYS	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF I (Month, De 1-14-	BIRTH ny, Year) -24	Cour	riplace (State or Foreign ary land	
98. FACILITY NAME (If not institution, give 1014 S. East Ave		Bal	EATH	9c. CC	UNTY OF	DEATH				
RESIDENCE OF DECEDENT										
1014 S. East Ave	ry _		Balti						10d. INSIDE CITY LIMITS? 1) XYES 2 \(\square\) NO	
100. STREET AND NUMBER 1014 S. East Ave	enue			10	21224			S.A	WHAT COUNTRY?	
10e. STREET AND NUMBER 1014 S. East Ave 11. MARITAL STATUS 1 Never Married 2 K Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2 NO		If yes, sp	CENDENT OF HISPA ecity Cuban, Maxico 2 NO Speci	an, Puarto Rica	pecify Yea or No-	14. RA	CE — American Indian, ck, White, etc.	
	UCATION le completed)	18a. DECEDENT	"S USUAL O	CCUPATI during m	ON ost of working	16b. Kif	D OF SUSINESS/I	NDUSTRY	111111111111111111111111111111111111111	
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 77. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	Forei		uu ng m	ost of working	Pu	blic Se	rvice	9	
17. FATHER'S NAME (First, Middle, Last)							le, Maiden Surname)		
Jack John Hall			73		Lillian	Piste	1			
190. INFORMANT'S NAME (Type/Print) Mrs. June V. Hal	1				Avenue				20/1.	
20a, METHOD OF DISPOSITION 1 Ø Burial 2 □ Cremetion 3 □ Rec		20b. PLACE OF DISP	PLACE OF DISPOSITION (Name of cometery, cremetory of other place) ak Lawn Cemetery							
4 Donation 5 Other (Specify)		Oak Law			V		Baltimo	ore,	Md.	
21. SIGNATURE OF FUNERAL SERVICE L			Ma	atth	ews Fune	ral Ho			id. 21224	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. CARDI DUE TO (OR DUE TO (OR	AS A CONSEQUENCE	ONA OFF	RY	ALLE	ST TD	ISEASE	<u> </u>	Onset and Deat	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	. HYPE	RTENS AS A CONSEQUENCE	MOI							
	one contributing to de	ath but not resultin	g in the u	nderlyir	g cause given in		E. WAS AN AUTOPS PERFORMED?	3Y 2	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 1 YES 2 NO	HOSPITAL:	VOutputient 3 🗆 DO4	OTHE 4 Nu	R:	TACE OF DEATH (C		(pac/fy)			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJ (Month, Day,	URY 28b. 1	TIME OF INJURY M	28c. IN	JURY AT ORK? YES 2 NO		IBE HOW INJURY	OCCURED		
	28a, PLACE OF IN	IJURY — At home, farm (Specify)	m, streel, tec	tory, offi	CO	281. LOCATII City or 1	DN (Street and Num lown, State)	ber or Run	ni Route Number,	
(Orloan only	SICIAN: To the best of my VER: On the besis of sxam								e(a) and manner as stated.	
Swinch	a Julie	2 MP	>		29c. LICENSE NU D27 18	28-	•	812	ED (Month, Day, Year)	
	JULICA	2400 I	ypa, Primi)	RAF	1 ROA	D B	ALTO,	MD	21222	
31. DATE FILED (Month, Dey, Year)	Julia Davidon	ASTOLE OF								

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within to the flow step of may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

á	7	1		4
1		1		
1	6	W.	, 1	E

SI	ATE OF MARYLAND					MENTAL	HYGIENE
		CERTIFICATE	0	F DEAT	TH		REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMI			MENTAI	L HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	izabeth	T. Hoek	nn		MONTE	OF DEATH DAY	YEA	3. TIME OF DEATH 7:21AM M
4. SOCIAL SECURITY NUMBER	Contract of the second	11010	NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	6. Bi	RTHPLACE (State or Foreign
262-80-9866		/ 8 YRS.				1972		TRGINIA
9a. FACILITY NAME (If not institution, give at Francis Scott Ke	ey Medical Ce	enter 9h		LIMORE C			9c. COUNTY O	F DEATH
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c. CITY, TO	WN OR LOCAT	ION				10d. INSIDE CITY
MARYLAND BAL	TIMORE			DUNDALK				LIMITS?
10e. STREET AND NUMBER	*		101	ZIP CODE			10g. CITIZEN C	OF WHAT COUNTRY?
4048 ST. AUGUSTIN	E LANE			2122	2			U.S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 XWildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DO	3XXINO		ENDENT OF HISPAN Icity, Cuban, Mexica 2 NO Specify				RACE — American Indian, Black, White, atc.
15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S USU/	AL OCCUPATIO)N	16b	KIND OF BUSH	(ESS/INDUSTR	
(Specify only highest grade Elamentary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work of life. Do NOT use reti	done during mo					
8TH GRADE	N/A	HOME MA	KER	74		НО	ME	
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA				
THOMAS ESTER				EV		,,,	T KNOW	
19a. INFORMANT'S NAME (Type/Print)	,,,			nd Number or Rural I				
FRIEDA E. PUSINSK		PLACE OF DISPOSITION			ANC	20c. LOCA	MUKE,	MD 21222
1 1 Burial 2 Cramation 3 Ramo	oval from State	GARDENS OF	FAITH	CEM. 8-	6-19	90 BAL	TIMORE	MARYLAND
21. SIGNATURE OF SUNERAL SERVICE LIC		0						PALK, INC.
Degon	El Veen			WISE AV				
IMMEDIATE CAUSE (Final	List only one cause on e	ach line.					•	Approximate interval Between Onset and Death
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):						
PART II. Other significant condition	s contributing to death t	out not resulting in th	ne underlyin	g cause given in	Part I.	24e. WAS AN A PERFORM	IED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
1					_	1 □ YES 2₹ INQUIE		OF DEATH?
					_	11/2011	`-	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only o	ne)		
1 TYPES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 XXR/Out		HER: Nursing Hor	e 5 🗆 Residence	6 🗆 Oth	er (Specify)		
27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	WC	URY AT	28d. DE	SCRIBE HOW IN	JURY OCCURE	D
XXXIntural 6 Pending 2 Accident Investigation				YES 2 NO				
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spe	f — At home, ferm, stree cify)	t, factory, offic			CATION (Street and or Town, State)	d Number or Ri	lural Route Number,
CONSUM ONLY	AN: To the best of my know							use(s) and menner as stated.
20 SIGNATURE AND TITLE OF CERTIFIE		1		29c. LICENSE NU			29d. DATE SIG	GNED (Month, Day, Year)
1980	alle			OCME			> 8	8-3-90
JOHN E. SMIALEK			111	Penn Str	eet,	Baltim	ore,MD	21201 vo
31. DATE FILED (MARTIN DAY NOT 8 199	90 32 guta 100	door Mandell						

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFI	CATE O	FDEATH	R	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	7				2. DATE OF I	DEATN DAY	YEAR	3. TIME OF DE	ATN
4. SOCIAL SECURITY NUMBER	S. SEX S. AGE				8	4	90	150	1
223050545	1 XM 2 - F 9	n yrs. last birthday) 3 YRS.	MONTHS DAYS	1	7. DATE OF E	14/ 1897	Count	HPLACE (State or try) LTH CHI	
9a. FACILITY NAME (If not institution, give sti	tospiral	EATN	9c. CO	C I					
10s. STATE, 10b. COUNTY	City		TOWN OR LOS	Tun Or	ε			10d. INSIDE CI LIMITS? 1 VES 2	
100. STREET AND NUMBER 229 M. M	QUINT ST			212	23	10g. CI		WHAT COUNTRY	7
11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Diverced	12. WAS DECEDENT EVER II FORCES? 1 X XYES IF YES, GIVE WAR OR D	2 NO	If yes,	ECENDENT OF NISPA specify Cuben, Mexic ES 2 NO Specif	an, Puerto Rices		Blac	4. RACE — American Indian, Black, White, atc. Specify: BLACK	
15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16a. DECEDENT'S U	JSUAL OCCUPA ork done during	TION	16b. Kil	D OF BUSINESS/IN	NDUSTRY		
Elementery/Secondary (0-12) 9 th	College (1-4 or 5+)	BURN E	retired.)	nost or working	BE	THLEHAM	1 5	STEEL	
17. FATHER'S NAME (First, Middle, Last) UNKNOWN				275	NKNOW	le, Maiden Surname) N			
19a. INFORMANT'S NAME (Type/Print)				t and Number or Rural					
GRACE YOUNG		229 1		UNT ST.	- BALI				
20a METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remo	oval from State	BALTIMOF	RE CEN	emetery, crematory or IETERY		BALTIM	ORE	, MD.	
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			. MARCH		1101 F	. NI	ORTH A	VE
Sequentially list conditions,	ASPINA DUE TO (OR AS) DUE TO (OR AS) DUE TO (OR AS)	AND TO TO SOUTH OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERT	DUE	TO VERYT	RICUL	ARALL	rcy	YPS TH S	
PART II. Other algnificant conditions EALLY CANO	contributing to death b	ut not resulting in	n the underly		Part 1. 24	a. WAS AN AUTOPS: PERFORMED? YES 2 NO		b. WERE AUTOPSY AMAILABLE PRIC COMPLETION O OF DEATH?	OR TO
PULMONARY	55THVCTI FD GM	A.	12400	MAYDIS	EAS			1 TYES 2] NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (C	heck only one)				
27. MANNER OF DEATH 1 Natural 6 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TiME	4 Nursing N OF 28c.	NJURY AT WORK?	ace 6 ☐ Other (Specify) 28d. DE\$CRIBE NOW INJURY OCCURED				
2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURN building, stc. (Spe	— At home, farm, st		M 1 YES 2 NO Not, factory, office 261. LOCATION (Street and Nu City or Town, State)				Route Number,	
000)	CIAN: To the best of my know							(a) and manner a	is stated.
30. NAME AND ADDRESS OF BARSON WHO	es.A	TEVDAK	PHYSIC	296. LICENSE NU	986°	7 P	8/	1 / 9 /	0
CARTH AS. SAH	WUELS 69	IL PAR	KHES	64751	410, 6	ALTIM	ORE	4D217	215
31. DATE FILES (MOCH 8 1990 4	LIVE DAY OLON- AC	TO PE							

BALTIMORE, MARYLAND 21203-314 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Function fleath. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT; if Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND	MENTAL HYGIEN	_			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	AY YEA	3. TIME OF DEATN		
	Lottie	William	5 30	NOZNAC	08 0	-	08'10 Am		
	4. SOCIAL SECURITY NUMBER		MON	THE DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)		RTHPLACE (State or Foreign untry)		
	212-16-9701 90. FACILITY NAME (If not institution, give st	1 □ M 2 Ø F 6 2	YRS.	CITY, TOWH OR LOCATION OF D	11/05/2		orth CAROLINA		
E C	SINAL HOS	spital		Baltimore	cits				
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		Lan arry ro	WN OR LOCATION			10d. INSIDE CITY		
100	AA A		0	17.			LIMITS?		
-	10e. STREET AND NUMSER		1 00	101. ZIP CODE		10g. CITIZEN (F WHAT COUNTRY?		
FUNERAL		vedere A	ve.	212	5	u	A CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O		
N N	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECENDENT OF HISPA		or No- 14. R	ACE — American Indian,		
ВУ Е	1 Never Married 2 Married	FORCES? 1 YES		If yes, specify Cuban, Maxic 1 ☐ YES 2 ☑ NO Speci			leck, White, etc.		
	3 ☑ Widowed 4 □ Divorced						Black		
E	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Give kind of work	AL OCCUPATION done during most of working ired.)	16b. KIND OF BU	SINESS/INDUSTR	۲		
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	Domes	1 .					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Maiden	Sumame)			
	JAS DOF	Purdie		M	Ary Pu	rdie			
) BE	19a. INFORMANT'S NAME (Type/Print)		196. MAILING ADD	RESS (Street and Number or Rural)_		
5	CARLEENE PU	icdie	828	Cooks L	ANC B	Alto, M	10. 21229		
	20a. METHOD OF DISPOSITION 1 If Burlal 2 Cremation 3 Rem	oval from State	PLACE OF DISPOSITIO	N (Name of cametery, crematory or	20c. LC	CATION - City of	or Town, State		
	4 Donation 5 Other (Specify)		Wes		Centry C	Atonsu	ille, MD.		
	21. SIGNATURE OF FUNERAL SERVICE LIC	JENSEE		22. NAME AND ADDRESS OF F	1206	W.	North Ave		
	Wm C	· Drow	n	WM C.	Brown	Com	MUNITY F.A		
	23. PART I. Enter the diseases, or o	complications that caused List only one cause on ea		enter the mode of dying, su	ch ss cardiac or resp	iratory srrest,	Approximate Interval Between		
	IMMEDIATE CAUSE (Final	-				dise			
	resulting in death) . End steps COPD (Chronic obstruction pulmonery n								
	DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):								
CAT	if any, leading to immediate cause. Enter UNDERLYING Gacestive deet Failure								
IFI	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):								
ERI	resulting in desth) LAST	d							
AL C	PART II. Other significant condition	ns contributing to death bu	it not resulting in ti	ne underlying cause given is			24b. WERE AUTOPSY FINDINGS		
		7			PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
AEC							1 WES 2 NO		
ä					_				
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	7.0	26. PLACE OF DEATH (C	heck only one)				
5		1 Inpatient 2 ER/Outpa		THER: ☐ Nursing Nome 5 ☐ Residence	8 Other (Specify)				
>	1 YES 2 NO	1 as impatient 2 = Erooutpi				IN HIDY OCCUPE	D.		
PHY	1 U YES 2 NO 27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WORK?	28d. DESCRIBE NOW	INJUNI OCCURE			
BY PHYSICIAN: MEDIC	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	INJURY	M 1 YES 2 NO					
ВУ	1 Ves 2 No 27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY	- At home, farm, stree	M 1 YES 2 NO	281. LOCATION (Street City or Town, State	and Number or Ri			
ВУ	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, atc. (Speci	— At home, farm, stree	MORK? 1 YES 2 NO R, factory, office	281. LOCATION (Street City or Town, State	and Number or Ri			
ВУ	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PNYS)	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, atc. (Special Clans). To the best of my knowledge.	At home, farm, streety)	M 1 YES 2 NO It, factory, office	281. LOCATION (Street City or Town, State	and Number or Ri	urel Route Number,		
COMPLETED BY	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, atc. (Special Control of the best of my knowledge). On the basis of examination	At home, farm, streety)	M 1 YES 2 NO It the time, data and place, and du in my opinion, death occured at the	28f. LOCATION (Street City or Town, State as to the causs(a) and ma- se time, dete and place, a	and Number or Ri	urel Route Number,		
ВУ	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PNYS)	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, atc. (Special Control of the best of my knowledge). On the basis of examination	At home, farm, streety)	M 1 YES 2 NO A, factory, office It the time, data and place, and du n my opinion, death occured at the	28f. LOCATION (Street City or Town, State as to the causs(s) and make time, date and place, a JMBER	and Number or Ri inner as stated, and due to the car 29d, DATE SIG	urel Route Number, use(a) and manner as stated. uNED (Month, Day, Year)		
COMPLETED BY	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, atc. (Special Clan: To the best of my knowlett) ER: On the best of examination		M 1 YES 2 NO It the time, data and place, and du in my opinion, death occured at the	28f. LOCATION (Street City or Town, State as to the causs(a) and ma- se time, dete and place, a	and Number or Ri	urel Route Number, use(a) and manner as stated. uNED (Month, Day, Year)		
BE COMPLETED BY	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WITH	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, atc. (Special CIAN: To the best of my knowledge). ER: On the best of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of examination of the basis of examination of the basis of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examinati	At home, farm, streethy) adder, death occurred at and/or investigation, in	M 1 YES 2 NO R, factory, office the time, data and place, and du n my opinion, death occured at the	28f. LOCATION (Street City or Town, State as to the causs(s) and make time, date and place, a JMBER	and Number or Ri inner as stated, and due to the car 29d, DATE SIG	urel Route Number, use(a) and manner as stated. uNED (Month, Day, Year)		
BE COMPLETED BY	1 YES 2 NO 27. MANNER OF DEATH 1 Netural	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, atc. (Special CIAN: To the best of my knowledge). ER: On the best of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of examination of the basis of examination of the basis of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examinati	adge, death occurred a and/or investigation, in ATN (ITEM 27) (Type, Print TURE	M 1 YES 2 NO R, factory, office the time, data and place, and du n my opinion, death occured at the	28f. LOCATION (Street City or Town, State as to the causs(s) and make time, date and place, a JMBER	and Number or Ri inner as stated, and due to the car 29d, DATE SIG	urel Route Number, use(a) and manner as stated. uNED (Month, Day, Year)		

DHMN-16 Rev 1/89

mit. Pages 1, 2, 3 should

L DIRECTOR

TO BE COMPLETED BY P

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

for 1 - state REGISTR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR			CI	ERTIF	CATE	OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)								OF DEATH			3. TIME OF DEATH
	Willi	am	Ε.		Vo	eith		MONT	m № -5-90	NT.	YEAR	1:00PM
. SOCIAL SECURITY NUMB		7	6. AGE (In yrs. la:	st birthday)	IF UNDER	-	IF UNDER 24 HRS.	7. DATE	OF BIRTH		I. BIRTH	IPLACE (State or Foreign
212-03-010	02	1 💢 M 2 🗆 F	70	YRS.	MONTHS	DAYS	HOURS MIN.	009	th, Day, Year) -14-1	919	Ma:	ryland
1116 S. R	obinsor						ELIMORE C			9c. COUNT	FY OF D	EATH
RESIDENCE OF DEC	10b. COUNTY			10c. CITY	r, TOWN C							10d. INSIDE CITY
Maryland					Ba 1	Ltim	ore Ci	tу				1 X YES 2 NO
00. STREET AND NUMBER 1116 Sout	n Robi	nson St	creet			10f	21224					States
11. MARITAL STATUS 1 Never Married 2 3 3 Widowed 4 Divo	Marriad	12. WAS DECEDENT FORCES? 1. IF YES, GIVE W	YES 2 N	RMED NO		If yes, ap	ENDENT OF HISPAI acity Cuban, Maxico XXXNO Specif	in, Puarto		or No-	14. RACE Black Speci	E — American Indian, k, White, etc. My: White
15, DEC	EDENT'S EDUCA highest grade of	ATION	16a Di	ECEDENT'S	USUAL O	CCUPATIO	ON et of working	16	b. KIND OF BU	SINESS/INDU	STRY	
Elementary/Secondary (0		College (1-4 or 5+))				st of working					WDG
6 Yrs	S			Upho	lste	erer			Ches	apea	ке	MFG
17. FATHER'S NAME (First, M	iddle, Last)						18. MOTHER'S NA			Surname)		
Horace	W.	K	eith				Harr	iet	t		Ec}	kert
19e. INFORMANT'S NAME (Type/Print)				b. MAILING	ADDRES	S (Street a	nd Number or Rural	Route Nu	nber, City or Tow	n, State, Zip	Code)	
Helen Irene Lewis 336 Ringold Valley Circle, Cockeysville 2												
20e. METHOD OF DISPOSITI	n 3 🗆 Remot	val from State	other p	(ece)	STION (No	Can	netery, cremetory or netery	ernatory or 20c. LOCATION — City or Town, State Baltimore, Md				
Donation 5 Other		Mee		JUGI			ND ADDRESS OF FA	CH ITV	1 50			-,
> Elez	alile	the Do	we	ee	L	i113	& Zei	ler				Al Homes
IMMEDIATE CAUSE (Fir disease or condition resulting in death)	→ .	l	OSCIETO			iova	scular d	dise	ase			
Sequentisily list condit if sny, leeding to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events	diate ING Iry c.	•	(OR AS A CONSI									
resulting in death) LAS	T d											
PART II. Other significe	ent conditions	contributing to	desth but not	resulting	in the u	nderiyin	g ceuse given in	Part I.	24a. WAS AMPERFO	RMED?		b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
									INSPE	CTION	١	1 TYES XX NO
25. WAS CASE REFERRED T	m Menica. I					60.5	AGE OF PEATLY OF	haab/	1			
EXAMINER? 12. YES 2 NO	-	HOSPITAL:			OTHE	R:	LACE OF DEATH (C					
		1 Inpatient 2		7	4 🗆 Nu	rsing Hon	ne 5 X Xessiderice		, , ,,			
	Pending Investigation	28a. DATE OF (Month, D		28b. TIN	ME OF JURY M	W	JURY AT ORK? YES 2 NO	28d. D	ESCRIBE HOW	INJURY OCC	URED	
2 Accident 3 Suicide 8 Homicide	Could not be determined	26a. PLACE O building,	F INJURY — At 1 etc. (Specify)	nome, farm,	street, fac	ctory, offic	00	28f. L.C	CATION (Street ty or Town, State	and Number)	or Rural	Route Number,
TOTAL DINY		CIAN: To the best of										(a) and manner as state
29h. SIGNATURE AND TITLE	OF CENTIFUE						29c. LICENSE NU	MBER		29d, DATE	E SIGNE	D (Month, Day, Year)
an	S	D					OCME	- Anna Anna			8 - 6	
38, HAME AND ADDRESS O		COMPLETED CAU	SE OF DEATH (IT						. 1			
ANN M. DI	XON, MD				111	Penr	1 Street	,Bal	timore	,MD 21	1201	

Juna Davidson-Mandas

Angele William

9

. 100 2 11

TO MA

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Evrouns after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-time be filled within 72 hours after death with the State Debt. of Health and Mental Hygiene prior to burial, cremation, or removal.	DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146
AL ORRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-time? In the state Deor. of Health and Mental Hygiene prior to burial, cremation, or removal.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within - rouns after death. Page 6 may be retained by the hospital or attending physician.
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-turned he fine within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH A. MONTH DAY YEAR 3. TIME OF DEATH A. MONTH DAY YEAR 3. TIME OF DEATH MONTH DAY YEAR 3. TIME OF DEATH MONTH DAY YEAR 3. TIME OF DEATH MONTH DAY YEAR 3. TIME OF DEATH MONTH DAY YEAR 3. TIME OF DEATH MONTH DAY NOW YEAR NOW YEAR NOW YEAR NOW YEAR NOW YEAR NOW YEAR YEAR YEAR YEAR YEAR YEAR YEAR YEAR							
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 12 M 2 F 8 P YRS. MONTHS DAYS HOURS MIN. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1 P YRS. 1							
	9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
DIRECTOR	PARKVILLE BALTIMORE							
9	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?							
	PARYLAND BALTIMORE PARKY US 1 1 YES 27 NO 104. STREET AND NUMBER 109. CITIZEN OF WHAT COUNTRY?							
FUNERAL	7704 OAK AVE. 21234 U.S.A.							
BY FUI	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No- 11 Never Merried 14. RACE — American Indian, 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No- 16. Yes, specify Cuben, Mexican, Puerto Rican, etc.) 16. Yes, specify Cuben, Mexican, Puerto Rican, etc.) 17. Yes, specify Cuben, Mexican, Puerto Rican, etc.) 18. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No- 16. Yes, specify Cuben, Mexican, Puerto Rican, etc.) 19. Yes, specify Cuben, Mexican, Puerto Rican, etc.) 19. Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No- 16. Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 15. Yes, specify Cuben, Mexican, Puerto Rican, etc.) 16. Yes, specify Cuben, Mexican, Puerto Rican, etc.) 17. Yes, specify Cuben, Mexican, Puerto Rican, etc.) 18. Yes, specify Cuben, Mexican, Puerto Rican, etc.) 19. Yes, specify Cuben, Mexican, Puerto Rican, etc.) 19. Yes, specify Cuben, Mexican, Puerto Rican, etc.) 19. Yes, specify Cuben, Mexican, Puerto Rican, etc.) 19. Yes, specify Cuben, Mexican, Puerto Rican, etc.) 19. Yes, specify Cuben, Mexican, Puerto Rican, etc.) 19. Yes, specify Cuben, Mexican, Puerto Rican, etc.							
	1004112							
E	15. DECEDENT'S EDUCATION (Specify only highest grade completed) [See In the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of							
COMPLET	12 / RS- College (1-4 or 5+) PUR-RCS T SINA HOSPITAL							
Ö	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname)							
P FOR SE RECT 196. INFORMANT'S NAME (Type/Pdpl) 196. INFORMANT'S NAME (Type/Pdpl) 196. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)								
	1 Burlel 2 Cremetion 3 Removal from State Potter place) 4 Donetion 5 Other (Specify) PARKUGO LEGETRY PARKULL PARKULL PARKULL							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY EVANS CHAPLE OF CONTROL SERVICE RESTORMENT OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF TH							
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate							
	ehock, or heert fellure. List only one cause on eech line. IMMEDIATE CAUSE (Finel Onset and Daeth							
	disease or condition resulting in daeth) a. Reval Failure							
~	Due to (OR AS A CONSEQUENCE OF); My condea O In fave ton 7/2/50							
5	Sequentielly list conditions, If any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):							
S	couse. Enter UNDERLYING CAUSE (Disease or Injury							
CERTIFICATION	that initiated eventa resulting in death) LAST							
EDICAL	PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PRIOR TO COMPLETION OF CAUSE							
ă	1 VES 25 NO OF DEATH?							
M	1 YES 2 NO							
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)							
SIC	EXAMINER? HOSPITAL: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER:							
PHYSICIAN: MI	27. MANNER OF DEATH 286. DATE OF INJURY (Month, Dey, Year) 286. TIME OF INJURY AT WORK? 1 Notural 5 Pending 286. INJURY AT WORK? 1 VS 2 NO							
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State)							
	And Appropries							
COMPLETED	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated.							
BE	296. SIGNATURE AND TITLE OF CERTIFIER) 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year)							
2	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							
	2220 Wonderview Kil Timenium MD 21093							
	AUG 8 1990 Julia Landard Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina Augustina A							
	700 × 1000 / 1000							

STATE REGISTRAR

1 DECEDENT'S NAME (First Middle Last)

4. SOCIAL SECURITY NUMBER

202-56-8895

RESIDENCE OF DECEDENT

501

1 X Never Merried 2 Merried

Elementary/Secondary (0-12) 12yrs.

17. FATHER'S NAME (First, Middle, Last)

19e, INFORMANT'S NAME (Type/Print)

Mr. James P.Kozo

21. SIGNATURE OF FUNERAL SERVICE LICENSEE

Donetion 5 Other (Specify)

E. F

IMMEDIATE CAUSE (Finel

Sequentially list conditions,

If sny, leading to immediate

ceuse. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events

resulting in deeth) LAST

25. WAS CASE REFERRED TO MEDICAL

MARGARITA A

08 1991

31. DATE FILEO (Month, Day, Yber)

diseese or condition

resulting in desth)

3 Widowed 4 Divorced

Md.

10. STREET AND NUMBER

11. MARITAL STATUS

9e, FACILITY NAME (If not institution, give street and number)

10h COUNTY

15. DECEDENT'S EDUCATION

4

dassann

shock, or heart fallure. List only one cause on each line.

(Specify only highest grade co

METHOD OF DISPOSITION
Burlel 2 Cremetton 3 Removal from State

Hydes Rd/Manor Rd.

Michael

5. SEX

1 M 2 F

Harford

College (1-4 or 5+)

James P. Kozo

VIS.

Eastview Terrace Apt. 19

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES

John

6. AGE (In yrs. lest birthday)

YRS

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Kozo

IF UNDER 1 YEAR IF UNDER 24 HRS.

DAYS

Hvdes

10c. CITY, TOWN OR LOCATION

18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.)

20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or

Program Manager

Bel

23. PART I. Enter the disease, or complications that caused the death, Do not enter the mode of dying, such as cerdiac or respiratory arrest,

Head and thermal injuries

DUE TO (OR AS A CONSEQUENCE OF):

OUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part i.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

10f. ZIP CODE

1 YES 2 X NO

2. DATE OF DEATH

7. DATE OF BIRTH

Abinadon

21009

18. MOTHER'S NAME (First, Middle, Maiden Sumeme)

11750 Belair Rd. Kingsville.Md. 21087

24s. WAS AN AUTOPSY

ĎČŽÝES 2 □ NO

284 DESCRIBE HOW INJURY OCCURED

Scene

Driver in auto/fixed object

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Mexican, Puerto Rican, etc.)

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

Air Memorial Gardens

22. NAME AND ADDRESS OF FACILITY

604 Bernadette Dr. Forest Hill, Md.

8-4-90

NOV. 18, 1964

16b. KIND OF BUSINESS/INDUSTRY

Judith A. Buck

20c. LOCATION - City or Town, State

E.F.Lassahn Funeral Home

90 21666

3. TIME OF DEATH

11:25PM

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

Plastic Co.

Bel Air. Md.

Approximata

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

XX YES 2 NO

Interval Between Onset and Death

white

1 TYES 2 NO

8. BIRTHPLACE (State or Foreign

Pa.

Baltimore County

10g. CITIZEN OF WHAT COUNTRY?

Specify:

U.S.A.

9c. COUNTY OF DEATH

DIRECTOR

FUNERAL

BY

COMPLETED

B

2

10e STATE

as the burialfor use detached 2 page 5 should director, 1 funeral removal. filled in by t and completely filled to burial, cremation, 9 signed by the attending physician in Health and Mental Hygiene prior to been . has be Dept. certificate h the

after

BOX 13146,

P.O.

DIVISION OF VITAL RECORDS,

certificate be

that the death

MP

examiner medical the event, traumatic other 6 shows any 23 Hem 6 with t DIRECTOR: After the hours after death with them 28 is mark

PHYSICI	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	□ DOA	OTHE 4 - Nu	R: rsing Home					
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending XX Accident Investigation	280. DATE OF INJURY (Morith, Day, Veer) 8-4-90		E OF URY						
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At ho building, etc. (Specify)		street, fac Road						
E COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date one) 29b. SEMATURE AND TILLE OF CERTIFIER									
TO BE	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF DEATH (ITE	M 27) <i>(Тур</i> е	, Print)						

old not be	28e. PLACE OF INJURY — At home, ferm, building, etc. (Specify)	, street, factory, office	281. LOCATION (Street and Number or Rural Route Number, Impac City or Town, State)						
ermined	building, etc. (opecity)	Road	Hydes Rd. /	3altimore					
ING PHYSICIA	N: To the best of my knowledge, death occur	rred at the time, date end place, end du	County Mar	Vland					
	On the beele of examination end/or investigat				ner as stated.				
CERTIFIER	/ **	29c. LICENSE NU	MBER 29d.	DATE SIGNEO (Month, De	ny, Year)				
The.	Mull	OCME	•	8-5-90					
ERSON WHO C	OMPLETED CAUSE OF DEATH (ITEM 27) (Typ	oe, Print)							
. KORE	ILL,MD	111 Penn Stree	t,Baltimore,	MD 21201	vo				

28c. INJURY AT WORK?

1 YES XX NO

26. PLACE OF DEATH (Check only one)

4 - Nursing Home 5 - Reeldence - Other (Specify)

32 REGISTRAR'S SIGNATURE ie Davidson-Randall

DHMH-16 Rev 1/89

death. Page 6 may be retained by the hospital or attending physician.

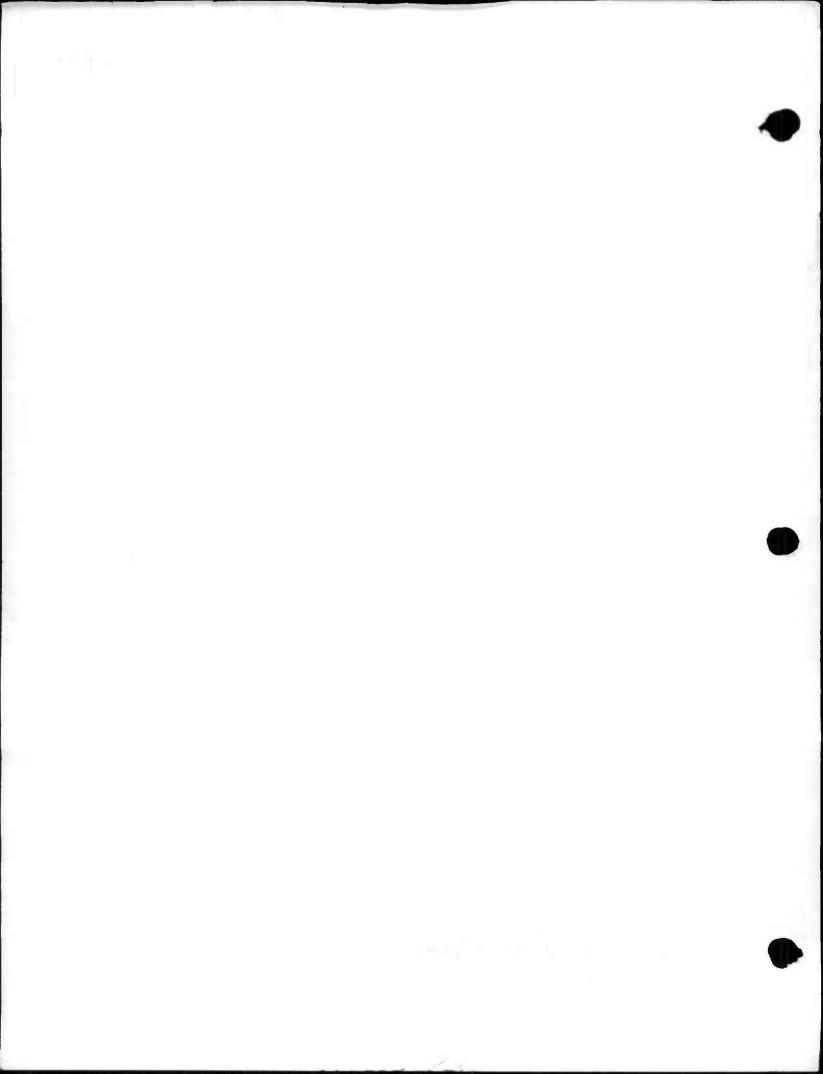
BALTIMORE, MARYLAND 21203-3146

Ħ notified 9 must

CERTIFICATION

MEDICAL PHYSICIAN: BY COMPLETED

HOSPITAL OR ATTENDING PHYSICIAN: The FUNERAL within 72 h THE 223



BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	DIRECTOR
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8	To a	E
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely miled in by the funeral director, page 5 should be detached for use as the by the flud within 70 hours after death with the State Dear of Health and Mental Hivingon prior to burial, cremation, or removal.	IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)				RTMENT OF I				REG. NO			3. TIME OF DEATH
	Adam Henry		r.					MONTH 8	DE DEATH	7 _	90	12:30 P
	4. SOCIAL SECURITY NUMBER 218-09-7749	5. SEX	6. AGE (In yrs. last	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	24 HRS. MIN.	7. DATE (1.0	8. BIRTI Count	IPLACE (State or Foreign ry)
	90. FACILITY NAME (If not Institution, give	street and pumber)	12	******	9b. CITY, TOWN	,		FATH	- 21 -	_	INTY OF D	Maryland BEATH
5	RESIDENCE OF DECEDENT	phirai	/		раті	imor	e (1	ту				1
FUNERAL DIRECTOR	100. STATE 100. COUNT	Υ			Baltimo		ty					10d. INSIDE CITY LIMITS? 1* YES 2 NO
IAL	10e. STREET AND NUMBER				10	1. ZIP COD	E			10g. CIT	IZEN DF	WHAT COUNTRY?
NEF	4811 Frederick	_					229				USA	
BY FU	1 Never Married 2 Merried 3 Widowed 4 Divorced		IT EVER IN U.S. AR XYES 2 N WAR OR DATES		If yes, s		n, Mexica	in, Puerto R	? (Specify Yellcan, atc.)	a or No—	14. RACI Blac Spec	E — American Indian, k, White, atc. White
ED	15. DECEDENT'S EDUCATION 16a. D (Specify only highest grade completed)				USUAL OCCUPAT	ON of worth		16b.	KIND OF BU	SINESS/IN	DUSTRY	
COMPLET	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Maintenance							Fire	e Dep	artm	ent	
ON	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NA	ME (First, M	liddle, Malden	_		
BEC	Adam Henry Kromm, Sr. Rose							Ва	Barnett			
10 E	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code)											
	Mary Virginia Kromm 4811 Frederick Ave.; Baltimore, Md. 21229 20e. METHOD OF DISPOSITION (Name of commetery, crematory or 20e. LOCATION — City or Town, State											
	1 Burtel 2 Cremellon 3 Removal from State Cother (Specify) Entombrent Loudon Park Mausoleum Baltimore, Maryland											
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE			Howa	ard H	. Hu	bbar				, Inc.
	23. PART I. Enter the dieeeses, or	complications the	t caused the de	ath. Do	not enter the m	ode of dy	ing, suc	h es card	iac or reap	iratory s	rrest,	Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. CAR DIAC ARRY THMIA							7				Opent and Death
z		DUE TO	OR AS A CONSECUTION OF STATEMENT	VE VE	ARRYTHMIA OF: HEART FAILURE OF: CCARDIO VASCULAR DISEASE							
CATIO	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	ARTER	OR AS A CONSE	POT	of: Tic Ct	ARDI	0 11	ASCU	LAR	De	SEA	RE
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST		(OR AS A CONSEC									
_	PART II. Other algnificent condition	na contributing to	death but not r	reculting	in the underlyis	o causa	alven in	Part I.	24a. WAS AF	AUTOPSY	241	D. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. /NFECTED DECUBITI						_	PERFO	RMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Σ.				_				-				1 TES 2 NO
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					LACE OF E	DEATH (C	neck only on	0)			
YSIC	1 VES 2 ND	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER: 4 D Nursing Ho	ne S 🗆 R	esidence	a 🗆 Other	(Specify)			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	2Sa. DATE Of (Month, I		28b. TII	JURY W	JURY AT ORK? YES 2 [□ NO	28d. DES	CRIBE HOW	INJURY O	CCURED	
	3 Suicide S Could not be determined	2Se. PLACE I building	OF INJURY — AI ho , etc. (Specify)	ome, farm,				2Sf. LOC. City	St. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	anal	SICIAN: To the best o										e) end manner ee stated.
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIE					_	ENSE NU					O (Month, Day, Year)

COMPLETED CAUSE OF DEATH (ITEM 27) Type, Print)

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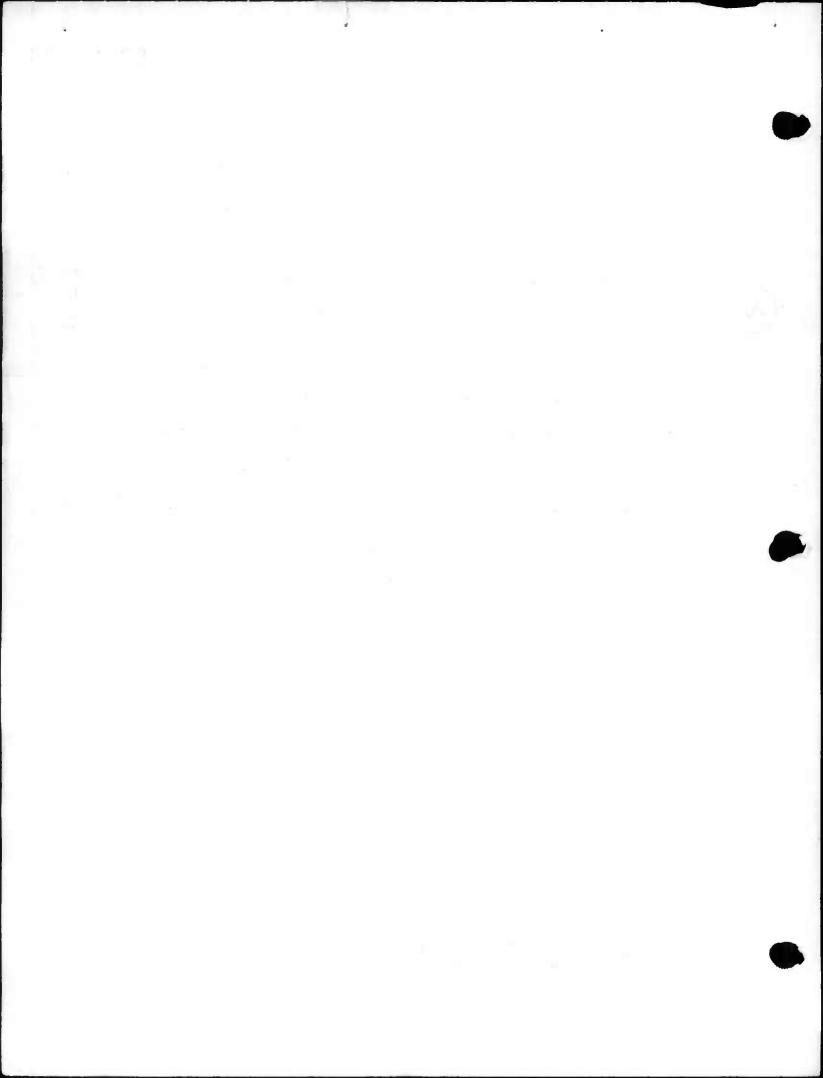
BALTIMORE, MD

HOSPITAL

SECOUR

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for unbe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a from death. Page 6 may be retained by the hospital or
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	1 - FOR STATE OF MARYLAND / DEPAR	RTMENT OF HEALTH AND N	MENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) LOVE, REGUNALT	,	2. DATE OF DEATH DAY OF	3. TIME OF DEATH 10-32 PM					
	4. SOCIAL SECURITY NUMBEP 5. SEX 6. AGE (In yrs. last birthday) 220 36-8966 1 1 1 2 1 4 8 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	5-11-42 1	BIRTHPLACE (State or Foreign Country) 3 A 1 2 M					
TOR	9a. FACILITY NAME (If not institution, give street and number)	BALLIMOY &	ATH City 9c. COUNTY	OF DEATH					
DIRECTOR	mary land	5ATTIMORE	<i>U</i>	10d. INSIDE CITY LIMITS? 1 PES 2 NO					
FUNERAL	10e. STREEF AND NUMBER 10. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	10f. ZIP CODE 2/2/	16	of what country					
BY	1 Never Merried 2 Merried 3 Widowed 4 1-6970 roed 1 Never Merried 2 Merried 3 IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPANI If yes, specify Cuben, Maxicen 1 YES 2 Specify:	n, Puerto Ricen, etc.)	. RACE — American Indian, Black, White, etc. Speetly:					
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working file. Do NOT use relired.) A NEMPLOY OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16c. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working file. Do NOT use relired.) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meidag Surname)									
190. INFORMANT'S HAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Bural Route Number, City or Town, State, Zip Code) 190. MAILING ADDRESS (Street and Number or Bural Route Number, City or Town, State, Zip Code) 190. MAILING ADDRESS (Street and Number or Bural Route Number, City or Town, State, Zip Code) 190. MAILING ADDRESS (Street and Number or Bural Route Number, City or Town, State, Zip Code)									
	20s. METHOD OF DISPOSITION 1 D Burlal 2 Cromation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	DSITION (Name/of cametery, crematory of	20c. LOCATION — CITY BAILTO	y or Town, State (nd.					
1	Joseph L. Russ	205 eph 20	orth Ave. BE	1/5 md 2121					
100	23. PART I. Entar the diseases, or complications that caused the deeth. Do shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Fine) disease or condition CIRRHOLLS Fig.			Onset and Death					
2	disease or condition resulting in death) CIRRHOSIS - END STAGE LIVER DZ (ALCOHOLIC) OUE TO (OR AS A CONSEQUENCE OF): RENAL FAILNRE								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE. (Disease or injury								
CERTIF	that initiated events resulting in death) LAST d.								
MEDICAL (PART ii. Other significent conditions contributing to deeth but not resulting	in the underlying ceues given in	Part i. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
CIAN: ME			_	1 YES 2 NO					
PHYSIC!	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. T	26. PLACE OF DEATH (Che OTHER: 4 □ Nursing Home 5 □ Residence IME OF 28c. INJURY AT		DEN.					
ВУ	Netural 5 Pending (Month, Day, Year) 2 Accident Investigation 3 Suicide 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	M 1 YES 2 NO	281, LOCATION (Street and Number or						
0	3 Suicide 6 Could not be 4 Homicide determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28a. CERTIFIER 28a. CERTIFIER								
LETED	4 Homicide determined	rred at the time, data and place, and due	to the cause(a) and manner as stated						
COMPLET	4 Homicide determined		time, data and place, and due to the						
E	4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigs 29b. SIGNATURE AND TITLE OF CERTIFIER AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (7),	illon, in my opinion, death occured at the	time, data and place, and due to the	cause(s) and manner as stated.					

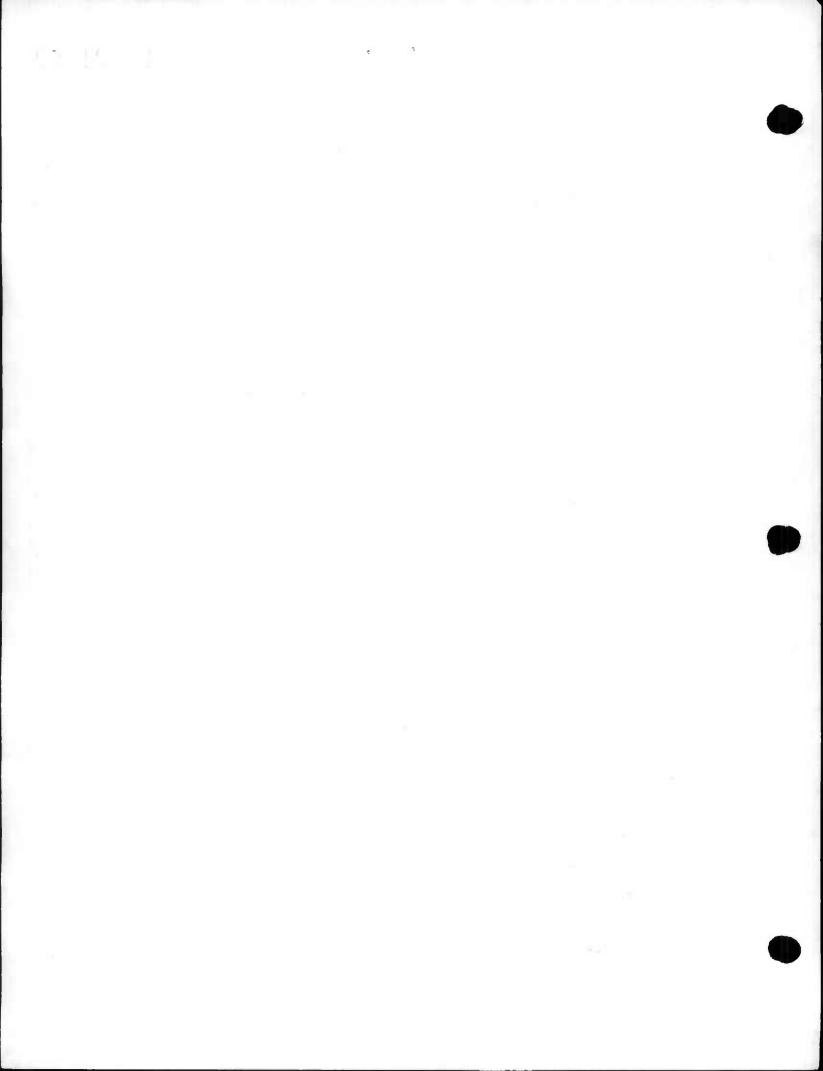


TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within z-mours after death. Page 6 may be retained by the hosp

31. DATE FILED (Month, Day, Year)
AUG 0 8 1990

	16. DECEDENT'S EQUCATION (Specify only highest grade completed) 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 10th 17. FATHER'S NAME (First, Middle, Last) OSCAR E. LITTLE SR. 18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) DIETARY SERVICE UNION MEMORIAL 18. MOTHER'S NAME (First, Middle, Maiden Surname) MARY E. HANCE											
	1. DECEDENT'S NAME (First, Middle, Last)	JR.	CL	חוור	ICATE	OF DE	АІП	2. DATE OF	DEATH DA		YEAR	
	4. SOCIAL SECURITY NUMBER 2 18 - 44 - 0849	5. SEX 1 M 2 F						7. OATE OF	BIRTH		8. BIRTH Country	PLACE (State or Foreign
ron	CHURCH HOSPIT		DRATIO	N						9c. COUN	TY OF O	EATH
DIREC	10e. STATE 10b. COUNTY											LIMITS?
IÈRAL	623 GLOVER ST	REET				10f. ZIP				10g. CITIZ	EN OF W	HAT COUNTRY?
BY FUR	1 Never Married 2 Married	FORCES? 1	YES 2 XN	MED O	11	yes, specify	Cuben, Mexice	n, Puerto Ric		or No—	Black	White, atc.
PLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(Gi life.	ve kind of v Do NOT us	vork done du e retired.)	uring most of v		-27.5			200-	
	17. FATHER'S NAME (First, Middle, Last)	E SR.	1011	· IAN	1 3	18.	MOTHER'S NA	ME (First, Mic	idle, Malden	Surname)	YUK.	IAL
TO B			2	2038	Ε.	LANV	ALE S					0. 21213
	X Buriel 2 Cremation 3 Rem- 4 Donation 5 Other (Specify)		GREE	NMO	UNT	CEME	TERY					
	De la la la la la la la la la la la la la	ENSEE O and							H. 13	101	E. 1	NORTH AVE.
	shock, or heart fallure.	complications that	caused tha da e on each line	ath. Do r						ratory srn	est,	Interval Between
					n f	neun	nonco	1				2 weeks
CATION	If sny, lasding to immediate cause. Enter UNDERLYING	LDUE TO (C	OR AS A CONSEC	DUENCE O	2+11	ience	590	drov	ne			L months
ERTIFIC	that initiated events	DUE TO (C	OR AS A CONSEC	DUENCE O	F):							
		s contributing to d	Seath but not n	eaulting	in tha und	darlying cau	use given in	1,500	PERFOR	RMED?	24b.	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ICIAN: N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		OF DEATH (Ch	eck only one)				
BY PHYS	1 VES 2 NO 27. MANNER OF DEATH 1 Neturat 5 Pending Investigation	28a. DATE OF II	NJURY	28b. TIM		ing Home 5 28c. INJURY WORK? 1 YES	_	_	Specify)	NJURY OCC	CURED	
	3 Suicide 8 Could not be determined	28e. PLACE OF building, e	INJURY — At ho tc. (Specify)	me, farm,	street, facto	ry, office			TON (Street Town, State)		or Rural f	Route Number,
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSI One) 2 MEDICAL EXAMINE	ICIAN: To the beat of n) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIES	for completed cause	M.O.	M DW /T	Delecti	290	LIGENSE NUI	240-	34	29rl. DATE	8/	6/90

DHMH-18 Rev 1/89

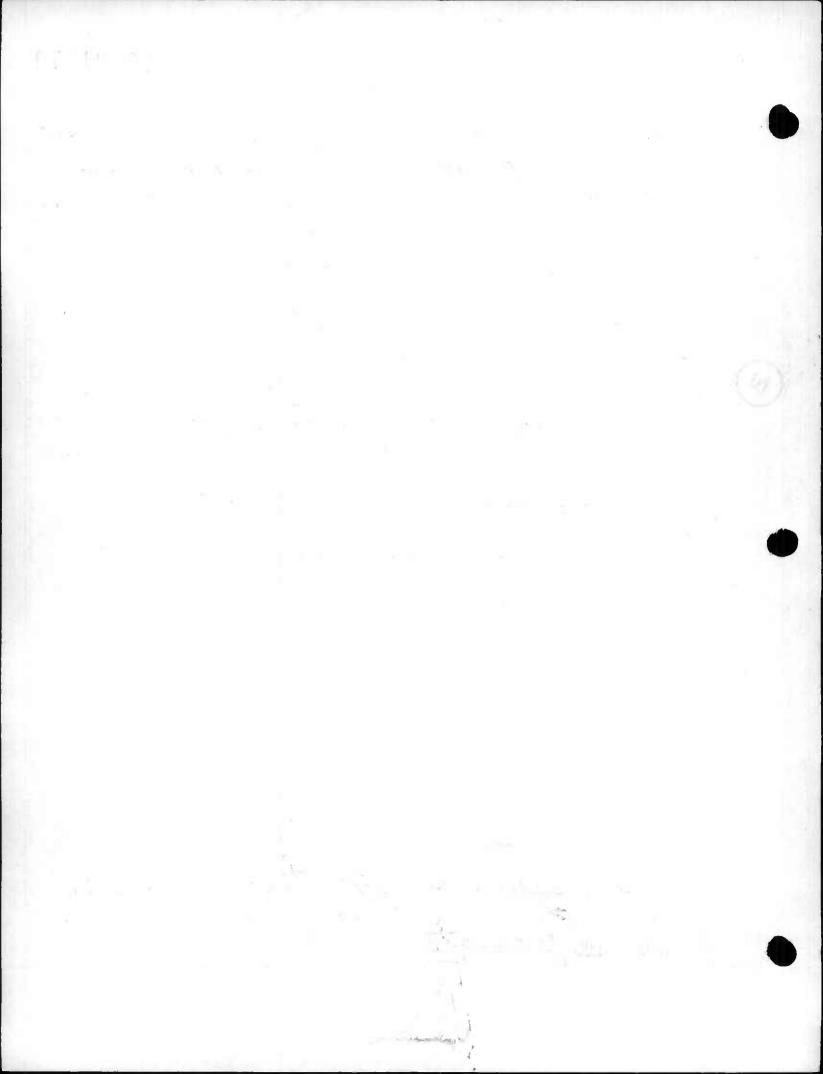


BALTIMORE, MARYLAND 21203-3146

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, o	MIDODIANT. Hism 90 is marked or item 92 shows any injury or other traumstic event the m
	Parent.	Sec.	daid	7

31. DATE FILED (Month, Day, Year)
AUG 0 8 1990

L		TET	TA	A.		Lu				MONTH	2	w 9	YEAR	3. TIME OF DEATH 1:35
L	4. SOCIAL SECURITY NUMBER 2/8 78 8/5	52	5. SEX 1 M 2 K	6. AGE (In yrs. le:		MONTHS	DAYS	IF UNDER	MIN.	(Month	DE BIRTH Day, Year)	65	8. BIRTH Count	MPLACE (State or Foreig
	9e. FACILITY NAME (If not institu							R LOCATI	ON OF D	EATH			NTY OF E	
-	Stella Mari		spice			T	OWS	on				Ba.	ltim	ore
_		0b. COUNTY	1			TY, TOWN OF			TY				S	10d. INSIDE CITY LIMITS? YES 2 NO
	127 S. EXT	ER I	HALL ST.	REET			101. ZIP CODE 2 1 2 0 2 WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— I4. RACE If yes, specify Cuber, Mexican, Puerto Rican, etc.)					WHAT COUNTRY?		
1	11. MARITAL STATUS 1 Never Married 2 Mei 3 Widowed 4 Divorced		12. WAS DECEDED FORCES? 1 IF YES, GIVE V	T EVER IN U.S. AF YES 2.27	RMED NO	H	1 TES 2 TNO Specify: Specify:						E — American Indian, ik, White, atc. #ly: BLACK	
	15. DECEDE (Specify only high properties of the Carade Parade)	Sive kind of a. Do NOT u	USUAL OC work done d se retired.)	luring mos	ON st of world	ing	16b.	KIND OF BU	SINESS/INI	DUSTRY				
1	17. FATHER'S NAME (First, Middle	le, Last)									fiddle, Maiden	Sumeme)		
	Eugene Lau	icas						C	har	lene			1	Berry
F	19s. INFORMANT'S NAME (Type/										er, City or Tov			
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9	COMPL	17. FATHER'S NAME (First, Middle, Lest)		-			10. MOTNER	S NAME (FI	irst, Middle, Maiden	Surname)		
7	w	Luiggi Benve	nuto				Mary	7	Ciccio			
Med	8	19a. INFORMANT'S NAME (Type/Print)		19b. M/	AILING AD	DDRESS (Street	and Number or F	tural Route I	Number, City or Tow	n, State, Zip (Code)	
a	2	Cynthia R. McCar	thy	919	9 Ke	nt Ave	nue; Ba	1tim	ore, Man	ryland	21	.228
100		200, METNOD OF DISPOSITION	20				emetery, cremetor			CATION — C		
E		2℃ Buriel 2 ☐ Cremation 3 ☐ Remo	val from State		n Pa	rk Cem	etery		Ba	Ltimor	e, M	Maryland
ner		21. BIGNATURE OF FUNERAL SERVICE LICE	ENSEE				AND ADDRESS C		1			
or other traumatic event, the medical examiner must be notified at once.		Chistophi	, A. Mil	Ŋ					rd Funer			
dica		23. PART I. Enter the disessee, or conshock, or heart fellure. L			. Do not	enter the m	ode of dying,	such as	cardiac or resp	iratory arre	st,	Approximata
E		IMMEDIATE CAUSE (Final	ist only one cause on	esch line.								Interval Between Onset and Death
Ě		disease or condition		es Me	100	free Po	· Cumar	Ou	MARA			
Year		resulting in usatin)	OUE TO (OR AS	A CONSEQUE	NGE OF	00	A 0		A			
3	z		\mathcal{C}	Access	DAM	a n V	fre Can	e - V	Diftoken	2		
E	은	Sequentially list conditions,	DUE TO (OR AS	A CONSEQUE	NCE OF):	0	(
E	3	CAUSE (Disease or Injury										
E S	=	that initiated events	DUE TO (OR AS	A CONSEQUE	NCE OF):							
5	CERTIFICATION	resulting in death) LAST					_					
Š	2	BAST II Other significant condition	a contribution to don't	heet mot more	ulaba la	the condense	na anuas alua	n In Doct	1	. AIPPORAN	1 045	WEST AUTODOX SWIPMION
shows any injury,	EDICAL	PART II. Other significent condition	contributing to deetil	DUL HOL 1690	nung ni	the underly	ing couse give	II III FAIL	I. 24a. WAS AN PERFO			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
8	ă		1						1 TYEB	2 MO		OF DEATH?
1	Z											1 YES 2 NO
23 s	ÿ											
Item	5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. OTHER:	PLACE OF DEAT	H (Check or	nly one)			
-	PHYSICIAN:	1 VES 2 ONO	1 Inpetient 2 ER/Ou		DOA 4	☐ Nursing No	ome 52 Reefde	- Y				
marked,	ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		66. TIME (Y Y	NJURY AT VORK? YES 2 N		. DESCRIBE NOW	INJURY OCC	URED	
28 is	TED	3 Suicide e Could not be determined	28a. PLACE OF INJUF building, etc. (Sp	RY — At home, lectly)	form, stre	eet, factory, of	lice	26f.	LOCATION (Street City or Town, State		or Rural Ro	oute Number,
IT: If Item	COMPLE	(Oribon Oriny	CIAN: To the best of my kno R: On the basis of examinat									and manner as stated.
IMPORTANT:	B	29b. SIGNATURE AND TITLE OF CERTIFIER	dear	(Out	us		29c. LICENS		830	29d, DATE	SIGNED !	Month Day West
	5	30. NAME AND ADDRESS OF PERSON WHO Dr. Marvin Fe	completed cause of clusters; Merc	y Medi	n Oype, P	Center	2nd. F			1ding 2120	2	110
- 1												

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באבווווסחר, וויסוו במוני	ours after death. Page 6 may be retained by the hosp	iled in by the funeral director, page 5 should be detache, or removal,	medical examiner must be notified at once.
DIVISION OF VIAL RECORDS, F.O. BOX 1313,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within durs after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	EDWARD	E .	MURRAY	. JR.		990 YEAR	1:40 P M
	A. SOCIAL BECURITY NUMBER	5. SEX 6. AGE (In		NDER 1 YEAR F UNDER 24 HRS.	7. DATE OF BIRTH	e. BIRTI	HPLACE (State or Foreign
	213-14-0521	XXM2□F 67_	YRS. MONT	THE DAYS HOURS MIN.	(Month, Dav. Year) . 1,2-20-19	2.2 Man	ryland
- 1	9a. FACILITY NAME (If not institution, give atr		96	CITY, TOWN OR LOCATION OF D		9c. COUNTY OF C	
æ				0 13		3C. 000N11 01 0	
RECTOR	Loch Raven V. A	. Hospital	/ B	altimore			
8	10a, STATE 10b, COUNTY		10c. CITY, TO	WN OR LOCATION			10d, INSIDE CITY
£	Manual and Dalli		Morro	0.00			1 YES XX NO
2	Maryland Balti	more	Tows	101. ZIP CODE		10a. CITIZEN OF	2525
RA	114-14-15-15-15-15-15-15-15-15-15-15-15-15-15-			35755			
FUNERAL	305 E. Joppa Ro			21204		U.S.A	E American Indian,
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1XXYES	2 NO	13. WAS DECENDENT OF NISPAL If yes, specify Cuben, Mexico	en, Puarto Rican, atc.)	or No 14, HAG Blac	E. — American Indian, ik, White, atc.
ВУ	3 Widowed * Divorced	IF YES, GIVE WAR OR DA	res	1 ☐ YES XXNO Specif	y:	Spec	ite
	15. DECEDENT'S EDUC	WWII	16a, DECEDENT'S USU/	N. OCCUPATION	16b. KIND OF BUSI		rce
TE	(Specify only highest grade	completed)		fone during most of working	IOU. KIND OF BOSI	NESS/INDOS/AT	0.5.5.1
7	Elementary/Secondary (0-12)	College (1-4 or 5+)			II C Corr	ornmon.	Office t Printing
M	12 Years		Printer				t Plinting
COMPLETED	17. FATHER'B NAME (First, Middle, Last)			2.0,400.440.44	AME (First, Middle, Maiden S		
BE		· Mu	rray, Sr	. Mabel		Schmid	
0	19a. INFORMANT'S NAME (Type/Print)			RESS (Street and Number or Rural			
-	Virginia Spahn		20 Dow1	ing Circle			
	20s. METHOD OF DISPOSITION Buriel 2 Cremation 3 Remo	20b.	PLACE OF DISPOSITION other place)	N (Name of cemetery, crematory or	20c. LOC	ATION — City or T	own, State
	4 Donation 5 Other (Specify)	Du	laney Va	lley Mem. G			,Maryland
	21. SIGNATURE OF FUHERAL SERVICE LIC	ENSEE		22. NAME AND ADDRESS OF FA	CILITY	7 E	awal Home
	· Who Ex	Jula.					
	1			8521 Loch R			
	23. PARTA. Enter the diseases, or c shock, or heart fellure.	complications that caused List only ona cause on ea		intar tha moda of dying, euc	ch es cardiec or reepir	ratory arrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final	0		1 MD 01	,		Onset and Death
	disease or condition resulting in death)	Squas	nous	les la	Tuno		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DUN TO (OR AS A	CONSEQUENCE OF):	0			
z		Melask	alic C	er 40 00	700		
CERTIFICATION	Sequentially list conditions, If any, leeding to immediate	DUE TO (OR AS A	CONSEQUENCE OF):				
8	cause. Entar UNDERLYING	C					
Ē	CAUSE (Disease or injury that initiated evants	DUE TO (OR AS A	CONSEQUENCE OF):				
F	resulting in death) LAST	d.					
2					- 1		
A	PART II. Other significent condition	s contributing to death be	it not resulting in th	na underlying ceuse given ir	Part i. 24a, WAS AN		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
2					1 _ YES 2	□ NO	OMPLETION OF CAUSE OF DEATH?
Ä							1 [] YES 2 [] NO
-			_				
PHYSICIAN: MEDICAL	25, WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATN (C	heck only ona)		
25	1 TYES 2 NO	HOSPITAL: 1 partient 2 = ER/Outp	officer 3 DOA 4	HER: Nursing Nome 5 - Residence	8 Other (Specify)		
¥	27, MANNER OF DEATN	28a. DATE OF INJURY	28b, TIME OF	28c, INJURY AT	28d, DESCRIBE NOW II	NJURY OCCURED	
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	M 1 YES 2 NO			
ВУ	2 Accident Investigation	28e. PLACE OF INJURY	A1 home, farm, stree		281, LOCATION (Street a	and Number or Bure	l Route Number
8	3 Suicide 8 Could not be 4 Nomicide determined	building, etc. (Spec	ffy)	i india și dina	City or Town, State)		
Б							
COMPLETED	(Uneck only	ICIAN: To the best of my knowl	edge, death occurred at	the time, date and place, and du	e to the cause(s) and men	ner as stated.	
O	one) 2 MEDICAL EXAMINE	:R: On the besis of examination	and/or investigation, in	my opinion, death occured at th	e time, date and place, and	d dua to the ceuse	(s) and manner as stated.
EC	29b. SIGNATURE AND TITLE OF CERTIFIE	47		29c. LICENSE NO	JMBER	29d. DATE SIGNE	D (Month, Day, Year)
00	201001100	Mr)				· 8-	10-90
5	30. NAME AND ADDRESS OF PERSON WN	IO COMPLETED CAUSE OF DE.	ATN (ITEM 27) (Type, Prin	1		0.11-	-1 m 200
	S. WOLFARD	m) 3	900 Loc	CH PALEN	BLUD	BALT	mb
	31. DATE FILED (Month, Dey, Year) 8-6-9AUG C	32. REGISTRAR'S SIGN.	Davidson-Hon	dell			

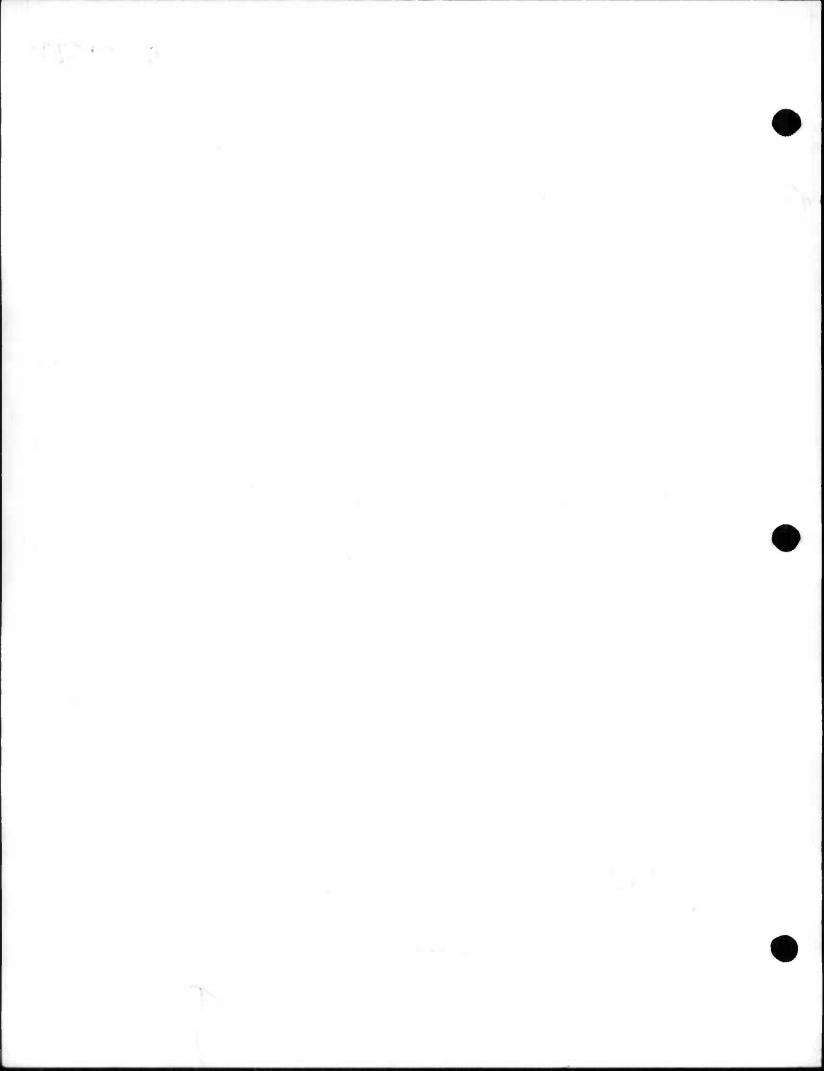
Trans - m

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PITAL OR ATTENDING PHYSICIAN: The law requires that the death cert	PSICIAN: The	WP 3	requires	that	the d	leath C
RAL DIRECTOR: After this certificate has been signed by the attending	is certificate	has b	een sign	ed by	the	attendi

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH
CHARLIE LEE MILLER		MONTH DAY

\neg	NEGIGITIAN				OLITTI	IIOA		DEA			LG. 140.		
	1. DECEDENT'S NAME (First) CHARLIE LEE		R							2. DATE OF I	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		5. SEX	a ACE //n	yrs. lest birthde		DER 1 YEAR	IF UNDER	204 1000	AUGUST		~	6:11 a M
	296-30-8018	DER.	1 🖫 M 2 🗌 F	54	YRS	MONTH	1	HOURS	MIN.	(Month, Der	(Year) 1935 (P. 10	Cou	untry)
	9s. FACILITY NAME (If not in	stitution, give a	treet and number)	J 7		9b. C	ITY, TOWN	OR LOCATI				OUNTY OF	F DEATH
E C	NIH, THE C	LINICA	L CENTER			BE	THES	DA.			MON	ITGOM	ERY
5	RESIDENCE OF DEC	10b. COUNTY	,		100		N OR LOC						10d. INSIDE CITY
DIRECTOR	OHIO	Eri				NDUS							LIMITS?
7	10a. STREET AND NUMBER				I SE	פטעואי		of. ZIP COD	E		10g.	CITIZEN OI	F WHAT COUNTRY?
ER/	5708 MCCART	NEY RO	AD					4487	7.0			IISA	
5	11. MARITAL STATUS		12. WAS DECEDED	T EVER IN U	J.S. ARMED	1	13. WAS DE	ECENDENT (OF HISPAN	VIC ORIGIN? (S	pecify Yea or No-	- 14. BA	ACE — American Indian, lack, White, etc.
BY FUNERAL	1 Never Married 2 🔀 3 Wildowed 4 Olvo		IF YES, GIVE Y	MAR OR DAT	E\$	- 1		S 2 NO			, •ι,		BLACK
	15. DEC		16e. DECEDEN	T'S USUAL	. OCCUPAT	TION		16b. KIN	D OF BUSINESS	/INDUSTRY			
COMPLETED	(Specify oni	ly highest grade 0-12)	completed) College (1-4 or 5	+>	(Give kind life. Do NO	of work do T use retire	ne during r d.)	nost of worki	ng				
APL	12				Assen	bly	Lir	ne Wo	rke	r Au	tomoti	ve l	Manufacturi
SO S	17. FATHER'S NAME (First, M							3.5			e, Malden Surnam	10)	
BE	J. B. Mi				100000000	_		_		Lee			
2	19a. INFORMANT'S NAME (TTED		100						City or Town, State		
	MRS. ANGELA			20b. I	PLACE OF OIS					NDUSKY	OH 4/		
	20a METHOD OF OISPOSIT V Surial 2 Crematic 4 Donation 5 Other	on 3 Rem	oval from State		aklar						Sandı	isky	, Ohio
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE #MOO				22, NAME	AND ADDRE	SS OF FA				44870
	+ Down	udl	DCan	200	\circ		міп 329	W. F	era erk	ins A	ral Se	andı	ce usky, Ohio
	23. PART I, Enter the d			at caused	the deeth. D								Approximate Interval Between
	IMMEDIATE CAUSE (FI		•							0 1			Onset and Death
	disease or condition resulting in death)	\rightarrow	· Carc	100	roso!	ah	my	1 6	WY	est.			6-610A
			a. Caro DUE TO Refr	OR AS A C	CONSEQUENC	E OF):	Lohn	01					3 - 760
NO	Sequentieily list condit	HOHa,	b. OUE TO	OR AS A C	CONSEQUENC	E OF):	Urru	(V	_				d mir g
CAT	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju-	ING	C.										
TIFI	that initiated events resulting in death) LAS		OUE TO	OR AS A	CONSEQUENC	E OF):							
SER	Touting It death) Exc		d										1
MEDICAL CERTIFICATION	PART ii. Other algolfic	ent condition	na contributing to	death bu	t not resulti	ng in the	underly	ing cause	given In	Part I. 24	. WAS AN AUTOF PERFORMED?	PSY :	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DIC										1	YES 24 NO	,	OF DEATH?
								:	. :	_			1 - YES 20 NO
PHYSICIAN:	25. WAS CASE REFERRED	TO MEDICAL	1				26	DI ACE OF I	DEATH #Ch	neck only one)			
SICI	EXAMINER?	TO MEDICAL	HOSPITAL:	FR/Outpat	tient 3 DO		IER:			6 Other (S)	nec'fhd		
HYS	27. MANNER OF DEATH		28a. OATE O	F INJURY		TIME OF	28c. I	NJURY AT		Y	BE HOW INJURY	OCCUREO)
ВУ Р	1 Netural 5	Pending Investigation	(Worth,	Day, Year)		INJURY N		YES 2	□ NO				
	3 Suicide 8	Could not be		OF INJURY -	At home, fai	m, atreet,	factory, of	fice			ON (Street and Nu own, State)	mber or Rui	ral Route Number,
ETE	4 Homicide	datarmined											
COMPLETED	Correct orny		ICIAN: To the best of										
CO	1			examination	and/or investig	gation, in r	my opinion	_					se(a) and menner as stated.
BE	29b. SIGNATURE AND TIT	E OF CERTIFIE	R					29c. LIC	ENSE NU	MBER	29d.	DATE SIGN	NEO (Munth) Day, Year)
5	30 NAME AND ADDRESS	OF PERSON WI	10 COMPLETED CA	JSE OF DEA	TH (ITEM 27) (Type, Print)		X	741,	7/2	-	<u> </u>	8(1/30
	V Wilker	m	Sindle	lav				LLE P	IKE,	BETHE	SDA, MD	208	92
	31. DATE FILED (Month, Day	(Year)	32. REGISTR		TURE	-					-,		-
	AUG O o	1990	Adia Dav	doon-1	andell								
	1134												DHMH-18 Rev 1/80



BALTIMORE, MARYLAND 21203-3146 urs after death, Page 6 may be retained by the hospital TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-mours after death. Page 6 may be retained by the hospil. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

2

REGISTRAR 1. DECEDENT'S NAME (First, Midde		C	ERTIFIC	CATE OF	DEATH	MENTAL HYGIENI REG. NO.	_			
	lle I set)	- 0		AIL OI	DEATH	2. DATE OF DEATH		3 TH	E OF DEATH	_
GRETCHE	-	MOREA				08 04	199	AR 0 5	:55 A	
4. SOCIAL SECURITY NUMBER 215-82-3532	5. SEX	6. AGE (In yrs. Ins		ONTHS DAYS	IF UNDER 24 HRS. NOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4-28-59	8. E	New Y	(State or Foreig	n
9e. FACILITY NAME (If not institution		31		A CITY TOWN	R LOCATION OF DE		9c, COUNTY			_
THE JOHNS HO	OPKINS HOSPI	TAL		BALTI		earn .	SC. COUNTY	OF DEATH		
RESIDENCE OF DECEDE	COUNTY		I soc CITY	TOWN OR LOCAT	ION			104 4	NSIDE CITY	_
Maryland	Baltimore			dlawn	1011			1 YES 24 N		
10s. STREET AND NUMBER	Daitimore		1100		, ZIP CODE	100 CITIZEN	ZEN OF WHAT COUNTRY?			
1437 Forest F	ark Avenue				212	A.	OUNTRIT			
11. MARITAL STATUS 1 Never Married 2 Marri 3 Widowed 4 Divorced	FORCES? 1	TEVER IN U.S. AF YES 2X	RMED NO	If yee, sp		IIC ORIGIN? (Specify Yes n, Puerto Ricen, etc.) y:		Specify:	nerican Indien, a, atc. ite	
15. DECEDER	IT'S EDUCATION	18e, DI	ECEDENT'S U	SUAL OCCUPATION	ON .	16b. KIND OF BUS	SINESS/INDUST		100	_
	est grade completed) College (1-4 or 5	(0		rk done during mo						
ентепатугаесоповгу (0-12)	2 year		ursing	g Assis	tant	Nurs	sing			
17. FATHER'S NAME (First, Middle,				3 220020		ME (First, Middle, Malden				_
John S. Morea						y M. Johns	,			
19a, INFORMANT'S NAME (Type/P			h MAII ING A	DDDESS /Crost		Route Number, City or Town		de l		_
Shirley Shere	•					. Bartles			4006	
20e. METHOD OF DISPOSITION					netery, cremetory or		CATION — City			_
1 X Buriel 2 Cremetion 3 4 Donation 5 Other (Spec		other p	lace)	Park Ce			dlawn,			
21. SIGNATURE OF FUNER	RVICE LICENSEE	161	1	22. NAME A	D ADDRESS OF FA	CILITY				
-	. 1	Ast		1		al Home, I				
	esal	141)			Ave. Balt				
23. PART I. Enter the disease ahock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a. Fulus	age on each line	e.			n aa cerdiec or reepi	iratory arreat	10	Approximate interval Betwoen and D	VO
Sequentially list conditions	. Heyw				_					
if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa reaulting in deeth) LAST	a Peri-	OR AS A CONSE								
PART II. Other algorificent of		death but not	reaulting in	the underlyin	g cause given in	Part I. 24a. WAS AN PERFOR	RMED?	AMAIL COMP OF DI	AUTOPSY FIND ABLE PRIOR TO PLETION OF CAL EATH? YES 2 NO	ISE
25. WAS CASE REFERRED TO ME EXAMINER?	HOSPITAL:			26. P	LACE OF DEATH (C/	neck only one)				_
1 YES 2 NO 27. MANNER OF DEATH 1 Valural 5 Penc	28a. OATE O	ER/Outpatient F INJURY Day, Year)	28b. TIME	OF 28c. IN.	JURY AT DRK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW I	INJURY OCCUR	ED		
2 Accident Invest 3 Suicide 8 Coul	tigation 28s. PLACE building	OF INJURY — At h , etc. (Specify)	ome, ferm, st			28f. LOCATION (Street City or Town, State)		Rural Route F	lumber,	_
4									manner as stat	ed

to the and title of centifier 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 8

WHO COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

Johns 600 N. Welfe St 0

REGISTRAM TEIGNATURE

and the



FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		U.E	KIII	ICALE	UF	DEATH	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH					
	Margaret I			641 3 3			08				9.05 D.M	
		5. SEX 6.	AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	- 71	8. BIRTH	PLACE (State or Foreign
	715-18-8914	1 M 2 X F	OF	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, D			Country	
	9a. FACILITY NAME (If not institution, give stre	- ''	85		ar city	TOWN C	OR LOCATION OF D	107/07	/05_		NTY OF OR	sylvania
					yb. CITY,	TOWN	IN LOCATION OF D	EAIH		96, COU	NIT OF O	EATH
DIRECTOR	Greater Baltimor	e Medical	Cente	r			Towson				Ba l	timore
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			1 400 017	Y, TOWN O	D I OCAT	TON					10d, INSIDE CITY
	TANKS IN THE STREET			10c. C11	i, lown o	H LOCAI	ION					LIMITS?
	MD I			<u> </u>	Balt							1 X YES 2 NO
₹1	10e. STREET AND NUMBER 2500	W Relveder	DAVA	Ant 1	100	101	ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?
ᇤ	8500Betropedence0000	SICKLY COCK	C AVE.	rpt i	105		21215				US	SA
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. AR	MED	13. V	NAS OEC	ENDENT OF HISPA	NIC ORIGIN? (S	pecify Yes	or No-	14. RACE	— American Indian,
	1 Never Married 2 Married	FORCES? 1 [10			ecify Cuban, Mexic 2 NO Speci		n, etc.)		Specif	t, White, etc.
BY	3 Widowed 4 Divorced					(×	,.		_	Whi	ite
	15. DECEDENT'S EDUCA	TION	16a. DE	CEDENT'S	USUAL OC	CUPATIO	ON	16b. KI	ND OF BUS	BINESS/INI	DUSTRY	
E	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(G life.	Do NOT u	work done d se retired.)	furing mo	st of working					7
2	12	Conege (F-C O S T)		Home	maker			- 1				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			TIMIK	HUNCI		16. MOTHER'S NA	ME /Elest Mick	No Maiden	Cumemel		
	William McNary									Junene)		
BE								ret Foxa				
2	19a. INFORMANT'S NAME (Type/Print)						nd Number or Rural					
	Mrs. Carlotta Stutman		12	<u> 214 Si</u>	garco	ne Ro	oad. Pikes	ville. I				
	20a. METHOD OF DISPOSITION 1 Derial 2 Cremetion 3 Remove	rel from State	other pi	ece)	- 50		metery, crematory or		35c. LO	CATION —	City or Ton	wn, State
	4 Donation 5 D Other (Specify)		Green	ount (rematu	ory	8/7/90		Balt	imore	Mary	land
- 1	21, SIGNATURE OF FUNERAL SERVICE LICE	NOEN			22.1	NAME AF	NO ADDRESS OF PA	ACILITY				
	> Mestand	1 Buch	5		110	nn avv	J. Ruck.	Too E	OVE U	wFood	Dd f	2424/
-	MURROUN	2 cuer	_		_				-	-	_	
	23. PART I. Enter the diseeses, or so shock, or heart fellure. L				not enter	the mo	de of dying, su	ch es cardia	or respi	retory sr	rest,	Approximsta Interval Between
	IMMEDIATE CAUSE (Final											
J	disease or condition resulting in death) s.	Motacta	tic Sr	no 1 1	Coll	CA						
	resulting in death)	Metasta DUE TO (OF	AS A CONSE	QUENCE O	F):	-UA						
-												
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
¥	cause. Enter UNDERLYING											
ᇤ	CAUSE (Disease or Injury c. that Initiated events	DUE TO (OR	AS A CONSE	QUENCE O	F):							
	reaulting in death) LAST											
빙	0.											
	PART II. Other algnificant conditions	contributing to de	ath but not	reaulting	in the un	derlyin	g cause given in	Part I. 24	e. WAS AN		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
EDICAL								1	YES 2		- 1	COMPLETION OF CAUSE OF DEATH?
												1 TYES 2 NO
2							<u> </u>	-				
AN	25. WAS CASE REFERRED TO MEDICAL					26 P	LACE OF DEATH (C	heek only one)				
PHYSICIAN: M	EXAMINER?	HOSPITAL:			OTHER	₹:						
YS		1 Inpetlant 2 El		_	-		ne 5 🗆 Rasidence					
H	27. MANNER OF DEATH	28a. DATE OF IN. (Month, Day,		26b. TIR	JURY	WC	JURY AT ORK?	28d. DESCR	IBE HOW	INJURY O	CURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation			<u> </u>	М	1 🗆	YES 2 NO					
	3 Suicide 6 Could not be	28e. PLACE OF It building, etc	JURY - At he	oma, farm,	atreet, fact	ory, offic	00		ON (Street Town, State)		or Aural F	Route Number,
COMPLETED	4 Homicide determined				*				,			
2	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my	knowledge, de	eath occur	red at the t	ime, date	and place, and du	e to the cause	(a) and ma	nner as st	ated.	
M	(Check only one) 2 MEDICAL EXAMINER											a) end manner as stated.
8		,										
BE	296. SIGNATURE AND TITLE OF CERTIFIER		0				29c. LICENSE NO	IMBER		29d. DA	TE SIGNED	(Month, Day, Year)
10	/ //	cer.	-								8/0	190
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITE	M 27) (Typ	n, Print)							
	Mahmoud Nemaze				M.C							
	AUG 08 199	32. HINDERTAR	SIGNATURE	Bondo	82.							
	1 AUG UU 1991	1		1								

The State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of

BALTIMORE, MARYLAND 21203-3146 urs after death. Page 6 may be retained by the hospital or attending un TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within X-mours after death. Page 6 may be retained by the hospital or attending in Y-mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the late within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	TATE OF MARYLAND / I	DEPARTMENT OF H	EALTH AND MENTA	AL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) Dwayne	A.	Novotny	2. DAT MON	TH 4-90	3. TIME OF DEATH 12:36AM M			
	a a 00 1116/2	SEX 6. AGE (In yrs. last if	YRS. MONTHS DAYS	HOURS MIN. (Mg	E OF BIRTH pth, Day, Year) WE 3, 1964 9c. COUNTY	BIRTHPLACE (State or Foreign Country) BALTO, MD			
TOR	3025 Abingdon Road	1	Abi	ngdon	Harf	ord County			
DIRECTOR	MARYLAND 106. COUNTY HARI	EPPD CO.	10c. CITY, TOWN OR LOCATE ABING	DON		10d. INSIDE CITY LIMITS? 1 TES 2 NO			
FUNERAL	3025 ABINGDO	NRD.	101.	21009	10g. CITIZEI	of what country?			
BY	11. MARITAL STATUS 12. 1 Never Merried 2 Merried 3 Widowed 4 Divorced	WAS DECEDENT EVER IN U.S. ARM FORCES? 1 ™ YES 2 □ NO IF YES, GIVE WAR OR DATES	O If yes, spe	ENDENT OF HISPANIC ORIG city Cuban, Mexicon, Puert 2 NO Specity:		RACE — American mount, Dieck, White, stc. Specify:			
COMPLETED	15. DECEDENT'S EDUCATIN (Specify only highest grade com Elementary/Secondary (0-12)	oleted) (G/w	EEDENT'S USUAL OCCUPATION WITH MINISTRACTION OF SUBMER STATEMENT OF SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBMER SUBM		8b. KIND OF BUSINESS/INOUS LABORI	TRY			
BE CON	17. FATHER'S NAME (First, Middle, Last)	VOVOTNY		18. MOTHER'S NAME (First	ABETH	A. HOKE			
0	190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Toyur, State, Zip Code) SAME AS ABOVE								
	20a. METHOD OF DISPOSITION 1 1 Suriei 2 Cremetion 3 Removal 4 Donetion 5 Other (Specify)	from State 20b. PLACE O		etery, crematory or	20c. LOCATION CH	y or Town, State VEYSVIWE			
	21. SIGNATURE OF FUNERAL SERVICE LICENS	J. gair	22. NAME AN	D ADDRESS OF FACILITY	PEL OF L	HIMES TIMONIUM			
	23. PART I. Inter the disease, of company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the co	plications that quased the desonly one cause on each line. Contact shoto DUE TO (OR AS A CONSEO	un wound to	,	ardiac or reapiretory arrea	t, Approximata interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING								
ERTIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PART II. Other aignificant conditions of	ontributing to death but not re	eaulting in the underlying	g cause given in Part I.	24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 \(\subseteq NO			
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		ACE OF OEATH (Check only	one)				
HYSI	#OSPITAL: HOSPITAL: STANSING NO 1 Inpettent 2 ER/Outpettent 3 DOA 4 Nursing Home Residence 8 Other (Specify)								
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	FOUND: 8-3-90 280. PLACE OF INJURY — At hor	@ 11:00PM' -	Yes 2 NY Self inflicted wound					
TED	\$ Could not be determined	building, stc. (Specify)	ome-trailer	30	25 Abingdon	Road, Abingdon,			
COMPLETED	CONSUM ONLY	N: To the best of my knowledge, dea							
BE C	29b. SKOMATURE AND TITLE OF CONTINER	V- 11		29c. LICENSE NUMBER		SIGNED (Month, Day, Year)			

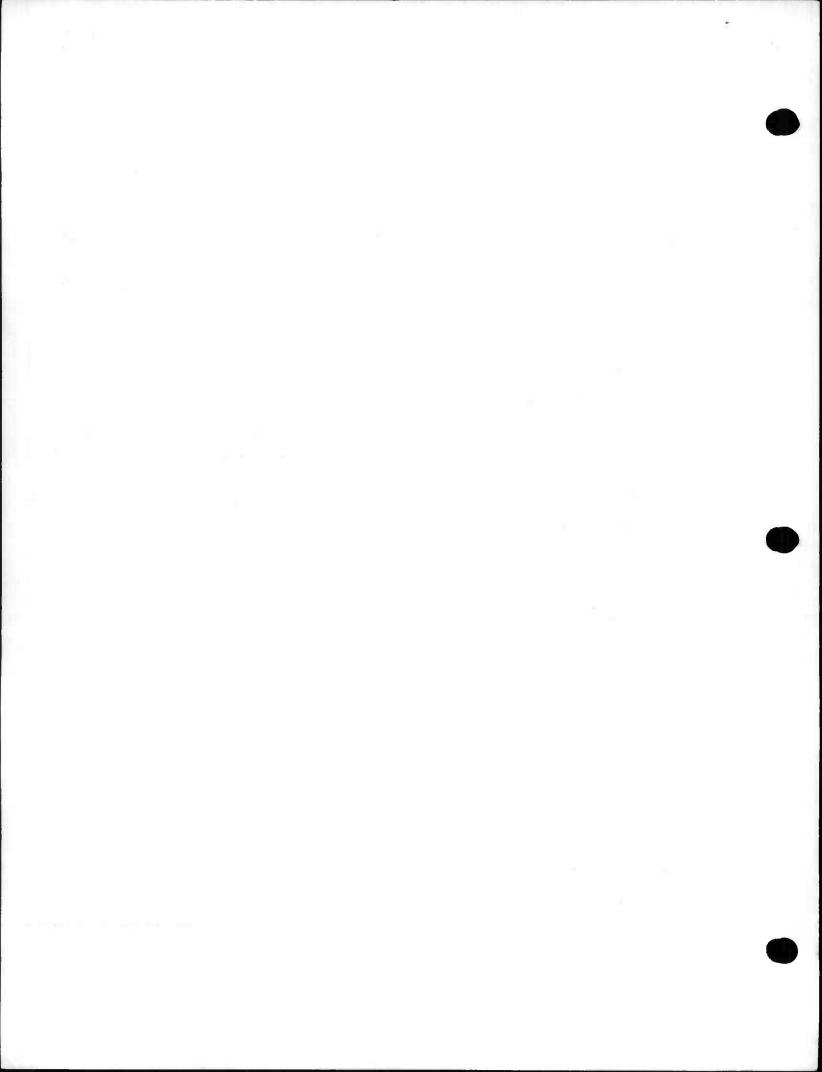
111 Penn Street, Baltimore, MD 21201

32. REGISTRAR'S SIGNATURE 8 1990

MARGARITA A. KORELL, MD

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

VC



attending physician.	use as the burial-transit permit. Pages 1, 2, 3 should	()
within 24 nours after death. Page 6 may be retained by the hospital or	pletely filled in by the funeral director, page 5 should be detached for cremation, or removal	vent, the medical examiner must be notified at once.
TO THE HOSPITL DR ATTENDING PHYSICIANS: The law, requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be also used to the page.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR C	TATE OF MADVI	ND / DEDAE	THENT O		ND MENT	I IIVOIENI		0 2101.
	1 - STATE REGISTRAR	TATE OF MARYL			F HEALIH A		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Stanley A. M.E.			2WO	2. DATE OF DEATH MONTH DA			4 90	5:20 PM
	4. SOCIAL SECURITY NUMBER / 5. S. S. S. S. S. S. S. S. S. S. S. S. S.	8. AGE (1	in yrs. lest birthday) YRS.	MONTHS DA		HRS. 7. DATI	OF BIRTH) W	RTHPLACE (State or Foreign LISCONSIN
	9a. FACILITY NAME (If not institution, give street e	nd number)		9b. CITY, TO	WN OR LOCATION			9c. COUNTY O	F DEATH
OR	Meridian Nufsi	ng Home		Fre	derick			Fred	erick
8	. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR L	OCATION				10d. INSIDE CITY
6	Md. Montgo	mery		Gaith	ersbur	'g			1 X YES 2 NO
RA	10e. STREET AND NUMBER	a			101. ZIP CODE			-17	OF WHAT COUNTRY?
FUNERA	24505 Welsh R	CL a	IIIS ARMED	20882 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee			US or No. 14 B	4.4	
ΒY	1 Never Married 2 Married	FORCES? 1 XYES IF YES, GIVE WAR OR DA WW II	2 NO	If ye	yes 2 NO	Mexican, Puerto			IACE — American Indien, Hack, Whife, atc. Specify: White
	15. OECEDENT'S EDUCATIO (Specify only highest grade comp		16a. DECEDENT'S (Give kind of	work done durin	PATION g most of working	18	b. KIND OF BUS	INESS/INDUSTR	Y
COMPLETED	Elementary/Secondary (0-12) Co	llege (1-4 or 5+)	ille. Do NOT u		. (27	TTMG \	Not	.Defe	× 4 4
OM	17. FATHER'S NAME (First, Middle, Last)	l	Navy V	etera		yrs.)	Middle, Malden		use
BE C	Louis Ne	wquist					ohnsor		
TO B	190. INFORMANT'S NAME (Typo/Print) Arthur L. Newqui	196. INFORMANT'S NAME (Type/Print) Arthur L. Newquist 196. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 24505 Welsh Rd., Gaithersburg, Md. 20882							
	20e. METHOD OF DISPOSITION 1 CRBurlel 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)	from State	other place) Velsh R		ethrer		MOY MOY	ation - chy of the line	r Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSE				ninger		a Func	mal H	omo
	1.10	1. Sun	neu	47	N.Park	Ave.	Merce	rsbur	g.Pa.17236
	23. PART I. Enter the diseases, or companies, or heart feiture. Liet iMMEDIATE CAUSE (Finel disease or condition resulting in desth)	only one cause on e	ach lins.						Approximats interval Between Onset and Death
CERTIFICATION	disease or condition resulting in desth) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST LACATOPUMONGY ATTENDED B. CAUGIO PUMONGY ATTENDED B. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. A PRIMES CLISESSE 1 YES 2 NO 246. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO								
AN	25. WAS CASE REFERREO TO MEDICAL 28. PLACE OF DEATH (Check only one)								
SIC		OSPITAL:	patient 3 DOA	OTHER Nursing	Home 5 - Res	idence 8 🗆 Oti	her (Specify)		
ву рну	27. MANNER OF DEATH 1 Netural 5 Pending 28e. DATE OF INJURY (Month, Day, Year) 18.				L INJURY AT WORK?		EȘCRIBE HOW II	NJURY OCCURE	D
	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, term, etreet, fectory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, term, etreet, fectory, office City or Town, Stete)							iral Route Number,	
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICIAN One) 2 MEDICAL EXAMINER: On								use(s) and manner ee stated.
TO BE CC	296. SIGNATURE AND TITLE OF CERTIFIER	orthet	MO		29c. LICEN	SE NUMBER	-3	29d. DATE SIG	NED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO CO	Erook 7		300	wg	th st	Frede	rick,	MD 21701

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		it permit. Pages 1, 2, 3 should	1
BALTIMORE, MARYLAND 21203-3146	NSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending approximation.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the furth perfect permit. Pages 1, 2, 3 should the State Deat, of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2477	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the he filed within 72 hours after death with the State Debt, of Health and Mental Hyplene prior to burial, cramation, or removal.	IMPORTANT: If Hem 28 is marked, or Hem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1 - FOR STATE REGISTRAR			T OF HEALTH AND	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S HAME (First Middle, Leat)	RAI	JOOTEN L	PARRISH	2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH			
	010 07 1010	M2DF 4C	YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1 - 30 - 57)	8. BIRTHPLACE (State or Foreign Country) MARYLAND			
L DIRECTOR	9a. FACILITY HAME (If not institution, give atreet an A OFSP 17 RESIDENCE OF DECEDENT	AL_	BA	T, TOWN OR LOCATION OF DI	m) 9c. COUR	/// OF DEATH			
	10a, STATE 10b, COUNTY CARYLAGO BALT 10a, STREET AND HUMBER	imore	10c. CITY, TOWN	OR LOCATION REV HALL 101. ZIP CODE	10a. CITIZ	10d. IHSIDE CITY LIMITS? 1 YES 2 NO ZEN OF WHAT COUNTRY?			
BY FUNERAL	1 St Hour Married 2 Married F	AND DECEDENT EVER IN U.S. FORCES? 15 YES 2 F YES, GIVE WAR OR DATES	□но	. WAS DECEMBENT OF HISPAL If yes, specify Cuban, Maxica 1 WES 2 HO Specify		14. RACE — American Indian, Black, White, etc. Specify:			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete (Specify only highest grade complete (0-12)	N 16a	Give kind of work don-	during most of working	16b. KIHD OF BUSINESS/IND	USTRY HOSPITAL			
BE COM	17. FATHER'S HAME (First, Middle, Last)	PARRISH		MA	RY LoFT	05			
2	198. IHFORMANT'S HAME (Type/Prigt) 199b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5ACL AS ABOVE 20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20e. LOCATION — City or Town, State								
	19 Spurial 2 Cremation 3 Removal fit 4 Donation 5 Other (Specify) 21. Star Uni OF FUHERAL SERVICE LICENSE	rom State	Suio R.	NAME AND ADDRESS OF FA	BALTO BALTO	Mo.			
CERTIFICATION	23. PART I. Enter the diseases, or complishook, or heert failure. List of the complex condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events.)	only one ceuse on each	III. IM PHY NSEQUENCE OF): PEQ ALL NSEQUENCE OF):	, ,	LEVKEM	Interval Between			
AL	PART II. Other eignificent conditions con	ntributing to deeth but r	not resulting in the	underlying ceuee given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: MEDIC						1 YES 2 NO			
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 290 NO	SPITAL: Inpetient 2 - ER/Outpetie	nt 3 DOA 4 H	26. PLACE OF DEATH (C ER: ursing Home 8 Residence					
BY PHY	27. MANNER OF DEATH Hetural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF IHJURY M	28c. IHJURY AT WORK? 1 YES 2 HO	28d. DESCRIBE HOW IHJURY OCC				
ETED	3 Suicide 8 Could not be detarmined 28e. PLACE OF IHJURY — At home, farm, street, factory, office building, stc. (Specify) 28e. PLACE OF IHJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	(Critical Critis)				e to the cause(a) and manner as state s time, data and place, and dua to th				
TO BE (296 SIGNATURE AND TITLE OF CERTIFIER WORKER OF CERTIFIER	2	OTTAL OR CENT DESIGN	29c. LICENSE NU	•	Te signed (Month, Day, Year) 7 - 2 7-90			
-	30. NAME AND ADDRESS OF PERSON WHO COM 31. DATE FILED (Month, Day, Year)	Ne 59	Balte	mil, m	d 21210				
	AUG 8 1990 A	32. REGISTEAR'S SIGNATURAL DEVICES	Hadar's						

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comp be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, or	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic eve

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	1 - FOR STATE REGISTRAR	STATE OF MARY		TMENT OF ICATE OF		D MENTA	L HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)	Δ /	DOUNE			2. DATE		Y 9	3. TIME OF DEATH
		5. SEX 6. AGE	EX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR IF UNDER 24 HRS. 7. DAT				OF BIRTH	6.1	BIRTHPLACE (State or Foreign
	579-40-6688	1. A 1 2 - F	58 YRS.	MONTHS DAYS	HOURS MIN	. (Mon	11813		Jash. D.C.
~	9a. FACILITY NAME (If not institution, give street		11	1	OR LOCATION OF	POEATH		9c. COUNTY	
DIRECTOR	Greater Laurel	BELTSVILLE	OSPILAL	LAU	res			Rince	e George
REC	10e. STATE 10b. COUNTY		11000	Y, TOWN OR LOC					10d. INSIDE CITY
	D, C,			45HIN	OI. ZIP CODE	/		40- CITIZEN	Y YES 2 □ NO OF WHAT COUNTRY?
BA	420 OKLAHOMA	AVENUE	= NE	3	200	0 2	-		ed_States
FUNERAL	11. MARITAL STATUS 1	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DE	CENDENT OF HIS				RACE — American Indian, Black, White, etc.
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? YES	DATES		S 2 WHO S				Black
ЕТЕР	15. DECEDENT'S EDUCAT (Specify only highest grade co		16a, DECEDENT'S	USUAL OCCUPAT	TION	161	b. KINO OF BUS		
NE.	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT u	se retired.)			_		
(氢	17. FATHER'S NAME (First, Middle, Last)	4 Years	Print	ing Of	7				ernment
S)	17. FATHER'S NAME (First, Middle, Leat) James E. Payne Albertha Smith								
TO B	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
F	Kerry A. Payne			Oakla					
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Remove 4 Donetion 5 Other (Specify)	al from State	6b. PLACE OF DISPO other place) Marulan						or Town, State Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICEN		Mar yrair	22 NAME	AND ADDRESS OF	FACILITY	I Wom	aurer	Maryland
	▶ lehm .	Stunat	TIT						ash. D.C.
	23. PARY . Enter the diseases, or con shock, or heart fallure. Like								
	IMMEDIATE CALIFE (FIELD			10		**			Onset end Deat
	disease or condition resulting in death) a.	TOUE TO COR AS	LACONSEQUENCE	nta	rction	7			minute
z		Arteno	Scleratio	Cardi	OVAJCU	ar 1	dise	150	years
FICATION	Sequentially list conditions, if any, leading to immediate my form of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the prop								
2	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):								
E	resulting in death) LAST								
L CEI	PART II. Other algnificant conditions	contributing to death	but not resulting	in the underly	ng cause giver	in Part I.	24s. WAS AN	AUTOPSY	24b, WERE AUTOPSY FINDING
ICAL	PERFORMED?								AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI								~	OF DEATH? 1 YES 2 NO
SIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	identificate 2 DOS	OTHER:	PLACE OF DEATH				
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Year	Y 28b, TI	WE OF 28c. I	NJURY AT	_	SCRIBE HOW I	NJURY OCCUR	ED
ВУ Р	Natural 5 Pending 2 Accident Investigation	NIA		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	VORK? YES 2 NO				
ED	3 Suicide 6 Could not be 4 Homicide determined		28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)				261. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
E	20a CEPTIFIED	AND TO MAKE IT AND A STATE OF				4 . 4 . 4		are innere	
COMPL	(Check only	AN: To the best of my known the basis of examinat							ause(a) and manner as stated.
E CO	29b. SIGNATURE AND TITLE OF CERTIFIER	a Den	UT4 MZ	dical	29c, LICENSE				IGNED (Month, Day, Year)
m	Barlanewort h	9 8	xami	n er	201	852		18/	3/90
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Typ	e, Print)					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S AL	NATURE		.				
	AUG 0 8 1990 Aug	Ma Davidson-1	ander						



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- REGISTRAR	CERTIFIC	CATE OF DEATH	REG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last) MATTHEW		PERTICONE	2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH	
i		erticone		08-06		1155 M	
ı			IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign	
	215 -09 - 9288 1 AM 2 F	82 YRS.	ONTHS DAYS HOURS MIN.	(Month, Day, Year) 02-28-08		aryland	
OR I	St. Agnes Hospital	1	Baltimore Cit		9c. COUNTY OF (DEATH	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	I co come				1	
			TOWN OR LOCATION			10d. INSIDE CITY LIMITS?	
	Maryland	Dal	timore City			1 X YES 2 NO	
BY FUNERAL	108 W. Saratoga St. Room 2		21201		U.S.A		
	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 X Divorced 12. WAS DECEDENT EVER FORCES? 1 X Y I I FYES, GIVE WAR C	ES 2 NO	NO If yes, specify Cuban, Maxican, Puerto Rican, etc.) Black, White, etc.				
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S U	SUAL OCCUPATION rk done during most of working	16b. KIND OF BUSIN	NESS/INDUSTRY		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	We. Do NOT use	retired.)				
릴	9 yr's	Office	Clerk	B&O Ra	ailroad		
S S	17. FATHER'S NAME (First, Middle, Lest)			ME (First, Middle, Malden Sc			
	Frank Perticon	e	Jose	phine		Santoro	
BE	19a. INFORMANT'S NAME (Type/Print)		OORESS (Street and Number or Rural		State, Zip Code)		
임	Vincent Perticone	4070	Baptist Rd. Ta	nevtown. Mo	1. 21787	,	
	26a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSIT	TION (Name of cemetery, cremetory or		ATION — City or T		
1	1 💢 Buriel 2 🗆 Cremation 3 🗆 Removal from State 4 🗆 Donation 5 🗀 Other (Specify)	other place)	hedral 8/9/90	Ba	altimore	MD	
		HArtsock, Jr.				21214	
	+ Paul L. Harteoch	C C	Leonard J. R	Daron			
		on each lins. TEM 1 A AS A CONSEQUENCE OF)			1007	Approximats Interval Between Onset and Death	
CERTIFICATION	cause. Enter UNDERLYING	BILLROT	EN DISCH	a to Tomy	KHSTAR .	omy.	
	PART II. Other significent conditions contributing to des	th but not resulting in	tha underlying cause given in			b. WERE AUTOPSY FINDINGS	
BY PHYSICIAN: MEDICAL				PERFORM 1 YES 2)		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF OEATH (C)	ack oak one)			
\overline{c}	EXAMINER? HOSPITAL:		OTHER:				
K	1 VES 2 NO 1 I npatient 2 ER 27. MANNER OF DEATH 26s. DATE OF INJ		4 ☐ Nursing Home 5 ☐ Residence OF 28c, INJURY AT	8 U Other (Specify) 28d. DE\$CRIBE HOW IN	HIBY OCCUBED		
4	1 Netural 5 Pending		RY WORK?	200. DESCRIBE NOW IN	JOHN OCCOMED		
B	2 Accident Investigation						
	3 Suicide 8 Could not be 4 Homicide datarmined	JURY — At home, farm, at (Specify)	reet, factory, offica	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29a. CERTIFIER (Check only one) 1 💢 CERTIFYING PHYSICIAN: To the best of my one) 2 🗌 MEDICAL EXAMINER: On the basis of examiners					(a) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF LONG STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY AND STORY A	F DEATH (ITEM 27) (Type, I	Print)	+7000 AV	BAC	7. 21228	
	AUG 08 1990 32. FIGHTRADE	MOON- Handall					

1 . STATE REGISTRAR		STATE OF N	MARTLAN	CERTIF				MENI	AL HYGIENI REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)								TE OF DEATH		3.	TIME OF DEATH
	NATE	HANIEL		REI	EVES			MO	7 12		YEAR 90	11:15 PM
4. SOCIAL SECURITY NUMBE	ER	5. SEX	6. AGE (In y	rs. last birthday)	IF UNDER 1 Y		UNDER 24 HRS.		TE OF BIRTH onth, Day, Year)		/ _	ACE (State or Foreign
215-40-17		1 🔀 M 2 🗆 F	29	YRS.			DCATION OF I		1/15/6			RYLAND
		e Street			96. (111, 10		timore			9c. COU	NTY OF DEAT	IH
RESIDENCE OF DEC	EDENT		·									
MD .	106. COUNTY	1			T, TOWN OR I						1 2	d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER				DA.	LILMO	10f. ZIP	CODE			10g, CIT		YES 2 NO
929 ABBO	тт ст									U	.S.A.	
11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1							GIN? (Specify Yea to Ricen, atc.)			American Indian, Vhite, atc.
1 Never Married 2 3 Widowed 4 Divor		IF YES, GIVE V					NO Spec		, , , , , , , , , , , , , , , , , , , ,		Specify: BLA	
	EDENT'S EDU		16	e. DECEDENT'S	USUAL OCCU	JPATION	working		16b. KIND OF BUS	INESS/INI		
Elamentary/Secondary (0-		College (1-4 or 5	+)	ille. Do NOT u	se retired.)							
17. FATHER'S NAME (First, MI	ddle, Lasti					10	MOTHER'S N	AME (Elec	st, Middle, Malden	Sumamai	_	
NATHANIE		EVES				10.			ELSON	carrente)		
19a. INFORMANT'S NAME (7)				19b. MAILING	ADDRESS (S	treet and N			umber, City or Town	n, State, Zij	Code)	
DENNISE R		(siste		2231					t. 102			
20a. METHOD OF DISPOSITI	ON n 3 □ Rem L.T.	ioval from State	remo	LACE OF DISPO her place) VaI	SITION (Name	of cometer	ry, crematory o	,	20c. LO	CATION —	City or Town	, State
21. SIGNATURE OF FUNERAL	_				22. NA	ME AND A	DDRESS OF I	FACILITY				
Panea	rel	10/0	le	7-26-	go St	ate	Anat	omy	Board	, B	alto.	, Md.
23. PART . Enter the di ahock, or he		complications the			not enter th	e mode	of dying, au	ich es c	ardlec or respi	ratory ar	rest,	Approximate Interval Between
IMMEDIATE CAUSE (Fin disease or condition												Onset and Death
resulting in death)	*	a. NARCOTI		ETHAN(OXIC	ATION				-	+
Sequentielly list conditi	ons.	b	(00.40.4.0)	ONSEQUENCE O	-							
if any, leading to immed ceuse. Enter UNDERLYI	diete	DOE 10	(UN AS A CC	JNSEOVENCE C) .):							
CAUSE (Disease or inju		C. DUE TO	(OR AS A CO	ONSEQUENCE O	OF):				-			
reaulting in death) LAS	' (d										
PART II. Other significa	nt condition	ns contributing to	deeth but	not resulting	in the unde	riying ca	nuse given l	in Part I	. 24a, WAS AN			YERE AUTOPSY FINDINGS
l ———									1X YES 2	□ NO		OMPLETION OF CAUSE OF DEATH?
											1	YES 2 NO
25, WAS CASE REFERRED TO	O MEDICAL					26, PLACE	E OF DEATH (Check onl	v one)			
EXAMINER? 1 YES 2 NO		HOSPITAL:	☐ ER/Outpati	ent 3 🗆 DOA	OTHER:		5 Reeldanc			scen	0	
27. MANNER OF DEATH	SUCCESS.	28a, DATE Of	F INJURY	26b. TII		Bc. INJURY WORK?	/ AT	28d.	DESCRIBE HOW I			
	Pending Investigation	UNKNC	JWIN //	14/90/9	9:10	1 YES	2 ⊠\100	-	NKNOWN			
	Could not be determined	building	of INJURY — , etc. (Specify) NY, 3			y, offica		_ (LOCATION (Street) City or Town, State) Ltlmore	CIE	W Fay W Fay Mar	ette Stree
25s. CERTIFIER 1 CERT	IFYING PHYS	SICIAN: To the best o	f my knowled	ge, death occur	red at the time	e, data and	d place, and d	ue to the	cause(a) and me	-		7
(Crieck only)												and manner as stated.
295. SIGNATOR AND THE	OF CENTIFIE	H				29	C. LICENSE N			29d. DA		Aonth, Day, Year)
30. NAME AND XDORESS OF	APPRISON W	HO COMPLETED CAL	JSE OF DEAT	H (ITEM 27) /Ton	e, Print)		OCME				7-15-	90
Jones		plan, M.	D.	111	Penn S	Stree	et	Ba1	timore,	MD	21201	
31. DATE FILEA NOW, DON	31990	32 REGISTR	AR'S SIGNATI	unspandel	2,							

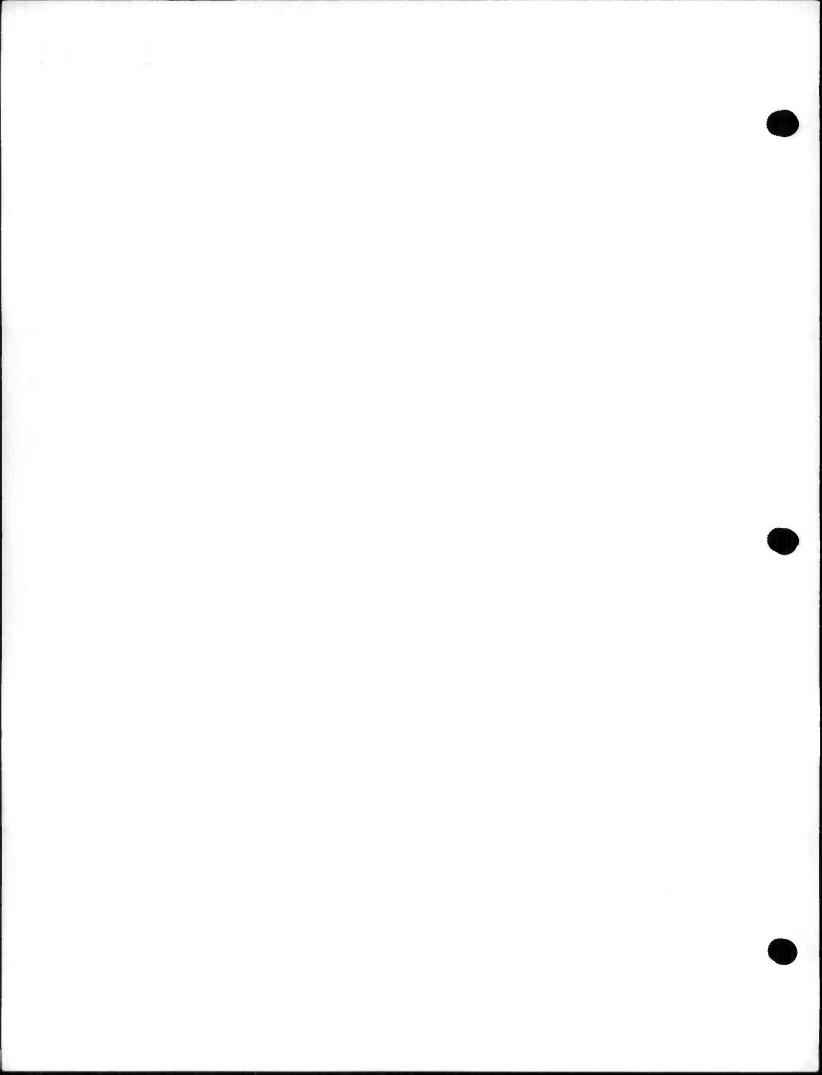
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR



3. TIME OF OEATH

12:20 AM

DHMH-16 Rev 1/89

YEAR 90

2. DATE OF DEATH MONTH DAY

FOR STATE REGISTRAR

1. OECEOENT'S NAME (First, Middle, Last)

GERTRUDE

A.

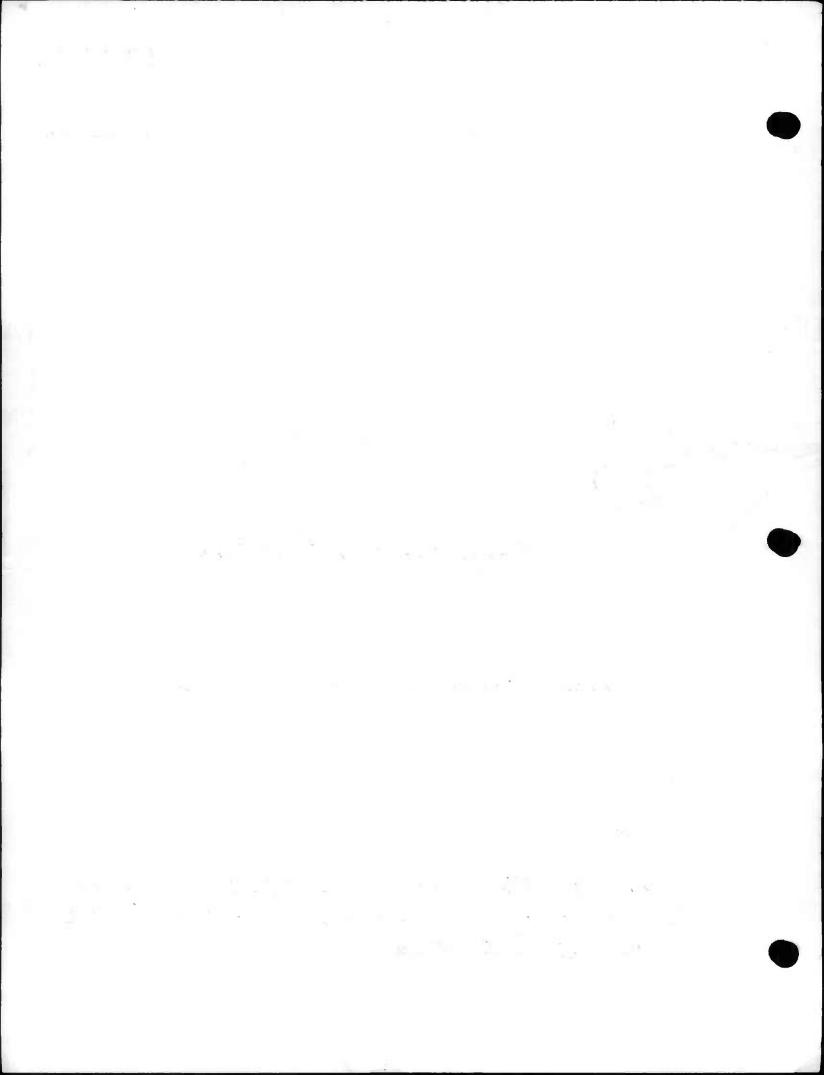
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8	S	1
L.	H	y D

		4. SOCIAL SECURITY NUMBER 212-05-3885	5. SEX 1 ☐ M 2 🛣 F	6. AGE (In yr.	s. last birthday) YRS.	IF UNDER 1 Y	YEAR IF UNDE	R 24 HRS.	7. DATE OF	5 BIRTH 0 - 9 1	•	BIRTHPLAC	E (State or Foreign RYLAND
pino		9a. FACILITY NAME (If not institution, give s		7,7	1110.	9b. CITY, TO	OWN OR LOCAT	ION OF DE		.0)1	9c. COUNTY		
2, 3 should	OB	CHURCH HOSPI	TAL COL	RPORA	rion	BA	LTIMO	RE C	ITY				
	DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN OR	LOCATION					10d.	INSIDE CITY
nit. Pag	- 1	M _D .			BA	LTIM	ORE C					1%	LIMITS?
nsit per	FUNERAL	100. STREET AND NUMBER 101 N. BONI	STREE'	r			101. ZIP COI	231			10g. CITIZEN	I.S.A.	
the burial-transit permit. Pages 1,	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE N	YES 2	XXNO	ff y	S OECENOENT es, specify Cut YES 2 X NO	an, Mexica	n, Puerto Ric		or No— 14	Black, Whi Specify:	merican Indian, ta, etc.
Se 38	C C	15. OECEOENT'S EOU (Specify only highest grade		160	Give kind of ille. Do NOT us	work done dur	UPATION ing most of work	dng	16b. i	(INO OF BUS	INESS/INOUS		ville
be delivering to at once.	COMPLET	Elemantary/Secondary (0-12)	College (1-4 or 5		ome De		iater		Ga	S & E.	lectri	c Co.	
be deller	ш	17. FATHER'S NAME (First, Middle, Last) JOSEPHUS BOWN	nan				18. MO			ddle, Melden :	sumama) Stones	ifer	
5 should notified	TO B	190. INFORMANT'S NAME (Type/Print) Doris Davis					Street and Numb						92128
pe gade		20e. METHOD OF DISPOSITION 1 N Burlel 2 Cremetion 3 Rem	oval from State	20b. PL	ACE OF DISPO	SITION /Name	of cometons on	ametory or		20c LO	CATION - CIN	y or Town S	tele
tuneral director, p. 1. examiner must		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			3 EV.	LUTH. BERT C.	ESS OF FA	Cem.	C FUN	EDAL	iour N	Maryland TNO
		* Duane				600	19 Hart	ord	Rd.,	Balt	imore,	MD.	21214
filled in by ion, or remo		23. PART I. Enter the diseases, or shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Liet only one ce	use on eech	ESTIVI							t,	Approximate interval Betwee Onset and Dest
sician and completely brior to burial, cremati traumatic event, t	CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b		INSEQUENCE O								
the attending physician Mental Hygiene prior t	CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO	O (OR AS A CO	INSEQUENCE O	F):							
by the and Me y injur	MEDICAL (PART II. Other significent condition	RENAL	doeth but	ure F	In the und	eriying cause	given in	Part I.	24e. WAS AN PERFOR	MED?	AMAI COM OF C	E AUTOPSY FINOINGS LABLE PRIOR TO IPLETION OF CAUSE DEATH?
has been signed Dept. of Health 1 23 shows an													1.00 2 0
rtificate h he State or Item	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatie	ent 3 🗆 DOA	OTHER:	26. PLACE OF			F1 - 11 - 1			
DIRECTOR: After this certificate I hours after death with the State Item 28 is marked, or Item	ву РН	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE O (Month,	F INJURY Day, Year)	26b. TII	ME OF 2 JURY M	8c. INJURY AT WORK? 1 YES 2	□ NO	28d. OE\$0	CRIBE HOW I	NJURY OCCU	REO	
TOR: After dear after dear ma	8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — J. atc. (Specify)	At home, farm,	street, factor	y, office			TION (Street a r Town, State)	and Number or	Rural Route	Number
-1 A	COMPLET	CONTROL ONLY	ICIAN: To the best of										manner as stated.
TO THE FUNERA De filed within 7. IMPORTANT: 1	TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	-altar	- /	MS	Ĭ	29c, L	377	MBER 7 2 S	5	18	161	oth, Day, Year)
	-	Sabah Ali H	1-Atta	v,	Chur		Hospi	AH Tal	B	alt,	MOV	e,	MD
		31. DATE FILEO (Month, Day, Year) AUG 0 8 1996	32. JEGISTE	Davidson	Ande M								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

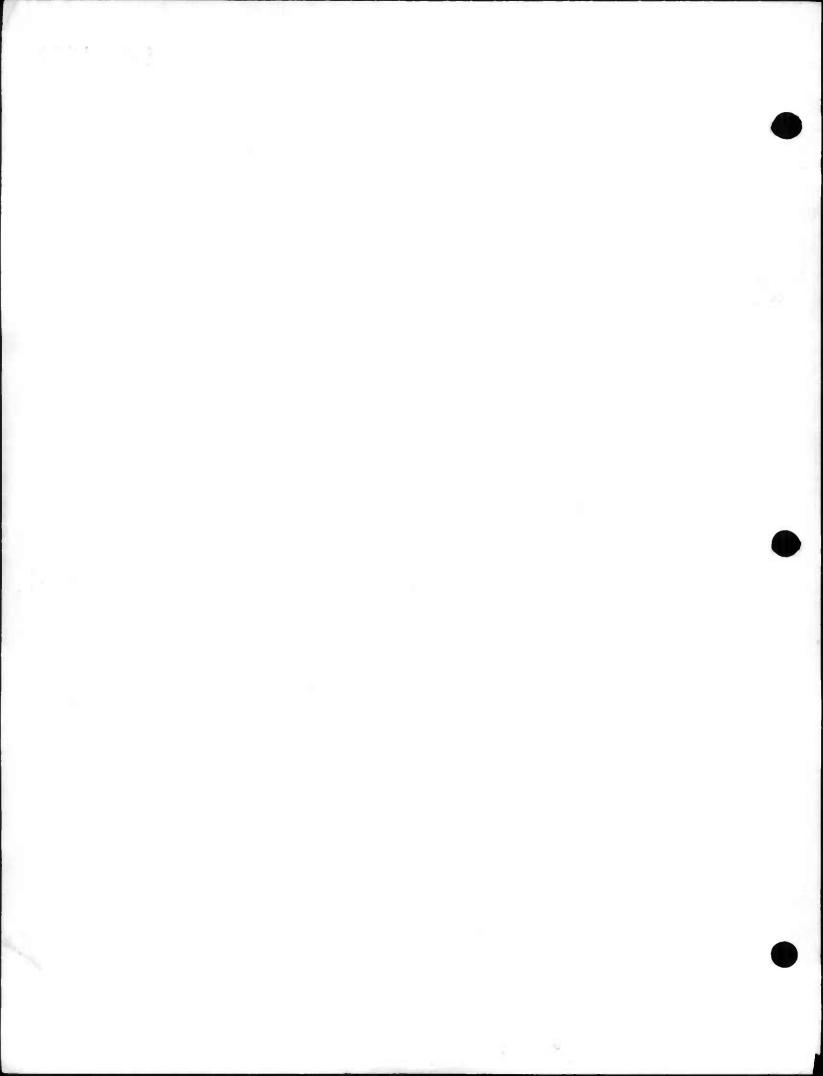
REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO).	
1. DECEDENT'S NAME (First, Middle, Last) John	(GORDON H.	DIEFEL AKA	$R \in \mathbb{R}^{2}$	ed, Sr.	2. DATE OF DEATH MONTH 8-1-90	DAY YEA	3. TIME OF DEATH 8:45AM M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8, 8	IRTHPLACE (State or Foreign
215-04-9126	1 💢 M 2 🗆 F	59 YRS.	DAYS	HOURS MIN.	Feb. 25,	1931 N	Maryland
90. FACILITY NAME (If not institution, give state) 3211 Woodring Av		9		or Location of DE		9c. COUNTY C	DF DEATH
RESIDENCE OF DECEDENT				-unde			T
10e. STATE 10b. COUNTY	1	10c. CITY, 1	TOWN OR LOC				10d. INSIDE CITY LIMITS?
Maryland 10e STREET AND NUMBER			I 1	Baltimore CODE	e City	10g. CITIZEN	1 X YES 2 NO
3211 Woodring	Avenue			21:	234	Unite	ed States
11. MARITAL STATUS	12. WAS DECEDENT EVER I FORCES? 1 YES	N U.S. ARMED		CENDENT OF HISPAN	IC ORIGIN? (Specify Y	e or No- 14. F	RACE — American Indian, Black, White, atc.
1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		S 2 NO Specify			SpecMy: White
15. DECEDENT'S EDU		16e. DECEDENT'S US	SUAL OCCUPAT	TION	16b. KIND OF B	JSINESS/INDUSTR	ŧγ
(Specify only highest grade Elementery/Secondery (0-12)	College (1-4 or 5+)	(Give kind of wor life. Do NOT use i	k done during n wiired.)	nost of worlding			
6		Auto Body	Mach	nanic			
17. FATHER'S NAME (First, Middle, Last)		Butto bod	y . MeCi		ME (First, Middle, Maide	n Sumeme)	
Christian	F.	Die	fel	Edna	V		Inners
19e. INFORMANT'S NAME (Type/Print)					Route Number, City or To		
Mildred V. Dief	· ·	8155 (Park, F	la. 34665
1 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	reen Moun		Collins - Collins	2.00		e, Maryland
21. SIGNATURE OF FUNERAL SERVICE LIC		Knight Jr		AND ADDRESS OF FA	OIL LEDY		s, mary rand
> milton	Kangelil	Nilght or	Leo	nard J. R	_	1214 - 5305 Ha	arford Rd.
23. PART I. Enter the diseases or	complications that diuse	d the deeth. Do no					Approximate
	Liet only one ceuse on						Interval Between
iMMEDIATE CAUSE (Finel disease or condition	The end of the end of				3 3 -	52	Onset and Death
reaulting in deeth)	. Hypertens:		osciei	cotic card	110Vascu1	ar arsea	ise
_	DUE TO (OR AS	A CONSEQUENCE OF):					
Sequentially list conditions, if any, leading to immediate	bDUE TO (OR AS	A CONSEQUENCE OF):					
cause. Enter UNDERLYING	c.						
CAUSE (Disesse or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):					
resulting in deeth) LAST	d						
PART II. Other significent condition	ne contributing to deeth	but not resulting in	the underly	ing cause given in	Part i. 24s, WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
					PERF	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
-		-			1 YES	₹ HNO	OF DEATH?
				-	— INSPI	CTION	1 TES XXXNO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? ▼▼ YES 2 □ NO	HOSPITAL: 1 Inpatient 2 ER/Out		OTHER:	PLACE OF DEATH (Ch			
27. MANNER OF DEATH	26e. DATE OF INJURY	26b. TIME	-	NJURY AT	28d. DESCRIBE HOV	INJURY OCCURE	ED
Natural 5 Pending Investigation	(Month, Day, Year)	INJU	RY \	WORK? YES 2 NO			
2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUR	Y — At home, farm, atr	eet, tectory, of	fice	261. LOCATION (Street	t and Number or R	tural Floute Number,
4 Homicide determined	building, atc. (Spi	эспу)			City or Town, Sta	re)	
(Critick John)	ICIAN: To the best of my kno						
1		on end/or investigation,	in my opinion			end due to the ca	use(e) end menner ee stated.
296. BIGHATURE AND TITLE OF CERTIFIE	я			29c. LICENSE NUI			GNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WI	OMPLETED CAUSE OF O	EATH (ITEM 27) (Type I	Print)				
JAMES KAPLAN,	Do Link	idam Randa	1 Peni	n Street,	Baltimore	,MD 2120)1 vc
31. DATE FILED (MANUEL)	30 32. HUSTRAN'S SIG	HATURE					

waster that he may be at the

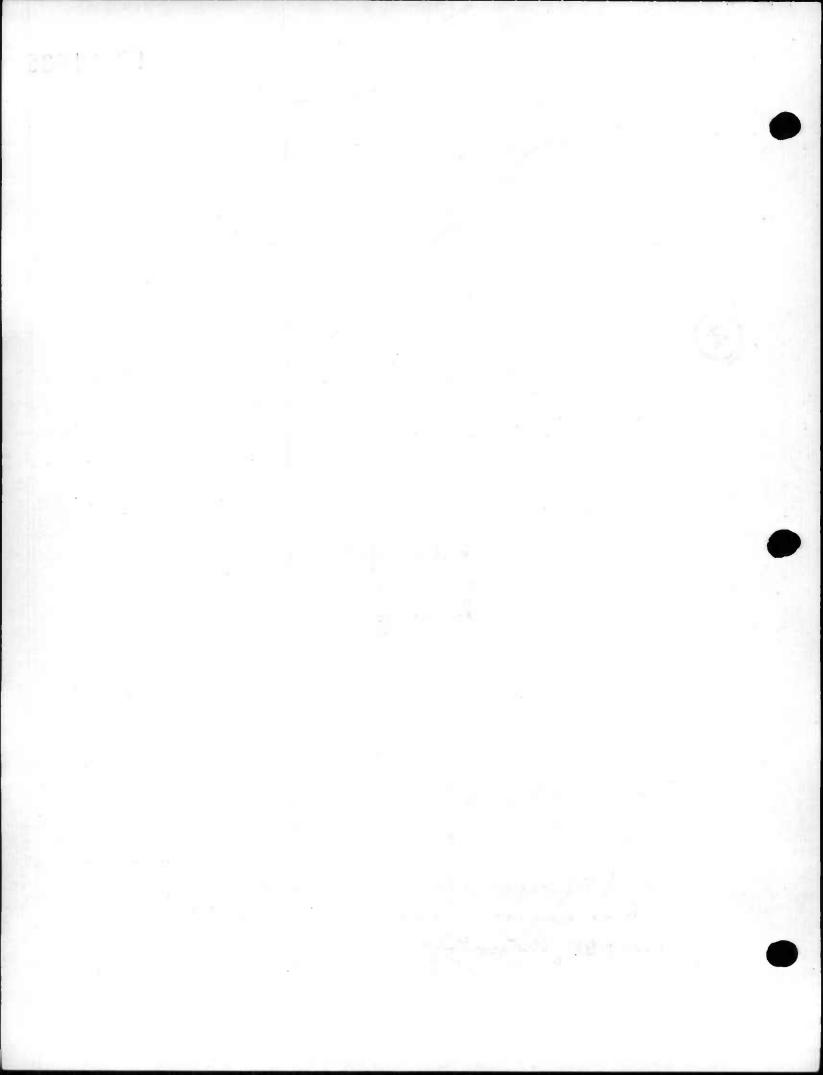
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	REGISTRAR	CERTIFICA	AIE O	PUEATH	REG. NO.		
	1. DECEOENT'S NAME (First, Middle, Lost)	/ ^ ^ ^ ~			2. DATE OF OEATH	Y YEAR	3. TIME OF OEATH
-	Adrena Smith	(AURENA MA	ARY :	PWIIH)		90 د	645p M
			UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	6. BIRT	THPLACE (State or Foreign ntry)
	212-16-5871 1□ M 2 × × 7	1 YRS.	THIS DATE	HOOKS MIN.	10-07-	18	MD
	9a. FACILITY NAME (If not institution, give street and number)			OR LOCATION OF DE		9c. COUNTY OF	OEATH
5	FRANCIS SCOTT KEY	B	ALTI	MORE, MD	•		
2	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOC	ATION			10d. INSIDE CITY
DIMECTOR	MD			RE, CITY			LIMITS?
	10e, STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	135 FLEMING DRIVE			21222		USA	
5	11. MARITAL STATUS 12. WAS DECEDENT EVE	R IN U.S. ARMED		ECENDENT OF HISPAN	IIC ORIGIN? (Specify Yes		CE — American Indian,
	1 Never Merried 2 Married FORCES? 1 Y	ES 2 X NO		specify Cuban, Mexica ES 2 , NO Specify			noth:
100	3 Wildowed 4 Divorced		<u> </u>	X			BLACK
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USU (Give kind of work	done during	TION most of working	16b. KIND OF BU	SINESS/INDUSTRY	
	Elementary/Secondary (0-12) College (1-4 or 5+)	iffe. Do NOT use re					
COMPL	17. FATHER'S NAME (First, Middle, Last)	DOMESTI					
_	WILLIAM DAVIS			E MMA	ME (First, Middle, Malden WILSON	Surname)	
H H	19e. INFORMANT'S NAME (Type/Print)	19h MAH ING AD	DESS (Street		Route Number, City or Tow	n State 7in Code)	
2	ROBERT SMITH				BALTIMOR		21202
	20th METHOD OF DISPOSITION	20b. PLACE OF DISPOSITIO	N (Name of	cemetery, crematory or		CATION — City or	
	1 DXBurial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	MT. CALVAF	RY CE	METERY	ANN	E ARUNI	DEL CO,MD.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			AND ADDRESS OF FA			
	▶ 400 0		WM (MARCH	F H 11	01 5 1	NORTH AVE.
	23. PART I. Enter the disesses, or complications that cau	sed the death. Do not	-				Approximete
	shock, or heart failure. List only one cause of						interval Batween Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition	O. O. D. TARN	ca.	11105			120
	resulting in death) s. OUE TO (OR A	AS A CONSEQUENCE OF):	1111	ange			1.0
_	F Mile	PIRATORY IS A CONSEQUENCE OF): PULMONARY	NE	OPLASM			6 months
CERTIFICATION	Sequentistiy list conditions, If any, leeding to immediate	AS A CONSEQUENCE OF):					
5	cause. Enter UNDERLYING CAUSE (Disease or injury				_	_	
=	that initiated evente DUE TO (OR A resulting in desth) LAST	AS A CONSEQUENCE OF):					
L	d						
_	PART II. Other significent conditions contributing to deat	h but not resulting in t	he underly	ing cause given in			4b. WERE AUTOPSY FINDINGS
EDICAL					PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
							OF DEATH?
2							
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			PLACE OF DEATH (Ch	eck only one)		
2	EXAMINER? 1 YES 2 NO 1 Unpetient 2 ER/O		THER: Nursing h	lome 5 🗆 Raaldenca	8 Other (Specify)		
H	27. MANNER OF DEATH 260. DATE OF INJU (Month, Day, You	RY 28b. TIME O	F 28c.	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURED	
В	1 Natural 8 Pending 2 Accident Investigation			YES 2 NO			
	3 Suicide 6 Could not be 4 Homicide determined	URY — At home, farm, stree Specify)	et, factory, o	ffica	28f. LOCATION (Street City or Town, Stete		ni Route Number,
	7777300						
PL	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my k						
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examin	ation and/or investigation, i	n my opinio	n, death occured at the	time, data and place, a	nd due to the caus	e(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER	29d. DATE SIGN	ED (Month, Day, Year)
O BE	1 m			JHH #1	49043	18/2	190
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pri	nt)				
	J. BURCHENAL MD						
	AUG 0 8 1990	2-2-60					
	AUG 0 8 1990	aria con					

OHMH-16 Rev 1/89



1. DECEDENT'S NAME (First, Mide	dle, Last)	111	ICATE OF			DF DEATH			ME OF DEATH
WILLIAM	1 CARL	Starke			MONT 8	4	9	EAR	9 PM.
4. SOCIAL SECURITY NUMBER 223-20-878	5. SEX 1 M 2 F	70 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN		OF BIRTH	8.	BIRTHPLAC Country)	E (State or Foreign
SETON HILL				OR LOCATION DE			9c. COUNTY	OF DEATH	
RESIDENCE OF DECED	ENT		TY, TOWN OR LOCA					I m	
MD	. COUNTY		LTIMORE		,			1673	INSIDE CITY LIMITS? YES 2 NO
100. STREET AND NUMBER		JUN		01. ZIP CODE			10g. CITIZE		
703 W. I	ANVALE ST			212	217		1	JSA	
11. MARITAL STATUS 1 Never Married 2 Marria Microsoft Married 2 Divorced	IF YES GIVE WA	YYES 2 NO	If yes, s	CENDENT OF HIS pecify Cuban, Max S 2 X NO Sp	ican, Puerto			. RACE — A Black, Whi	merican Indian, te, etc.
15. DECEDE	NT'S EDUCATION	16a. DECEDENT'S	S USUAL OCCUPAT	ION	168	. KINO OF BUS	SINESS/INDUS		LACK
(Specify only high Elementary/Secondary (0-12) 6 th	College (1-4 or 5+)	Ilfa. Do NOT L	work done during muse retired.) LADDER		QIPME	NT CO			
17. FATHER'S NAME (First, Middle,	, Lest)			18. MOTHER'S	NAME (First,	Middle, Melden	Sumame)		
WILLIAM S						TARKE			
	RABLE	460	g adoress (Street 5 HOL	and Number or Ru LMESHUR	RST W	IAY WE	ST-B(OWIE,	MD 2071
20a, METHOO OF OISPOSITION 1		20b. PLACE OF DISPO	ON FOR				CATION — CIT		
21. SIGNATURE OF FUNERAL SE		I GAKKIS		AND ADORESS OF		I. I OW	INGS	MILL	S, MD.
> Glades	a la ana		WM (MAD (- U - E	11 11	01 6	1105	TH. 045
shock, or heart IMMEDIATE CAUSE (Finel	ses, or complications that of fellure. List only one cause	ceused the deeth. Do							Approximats Interval Between
shock, or heart	a. DUE TO (C)	on each line. Cardion OR AS A CONSEQUENCE D PLANAL PLANAL	not enter the m yopath Failu Fin						Approximals Interval Between
shock, or heart IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inflicted events resulting in death) LAST	a. DUE TO (C) b. DUE TO (C) c. DUE TO (D) d.	OR AS A CONSEQUENCE E	rot enter the m	ode of dying, a	such se cer				Approximats Interval Between
shock, or heart IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (C)	OR AS A CONSEQUENCE E	rot enter the m	ode of dying, a	such se cer		AUTOPSY	24b. WEF AMAI COM	Approximate interval Between Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De On
shock, or heart IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentially list conditions if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inflieted events resulting in desth) LAST PART II. Other significant of	a. DUE TO (C) c. DUE TO (D) d. CONDITIONS CONTRIBUTING to d	OR AS A CONSEQUENCE E	rot enter the m	ode of dying, a	in Part I.	24s. WAS AN PERFOR	AUTOPSY	24b. WEF AMAI COM	Approximate interval Between Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De Onsei and De On
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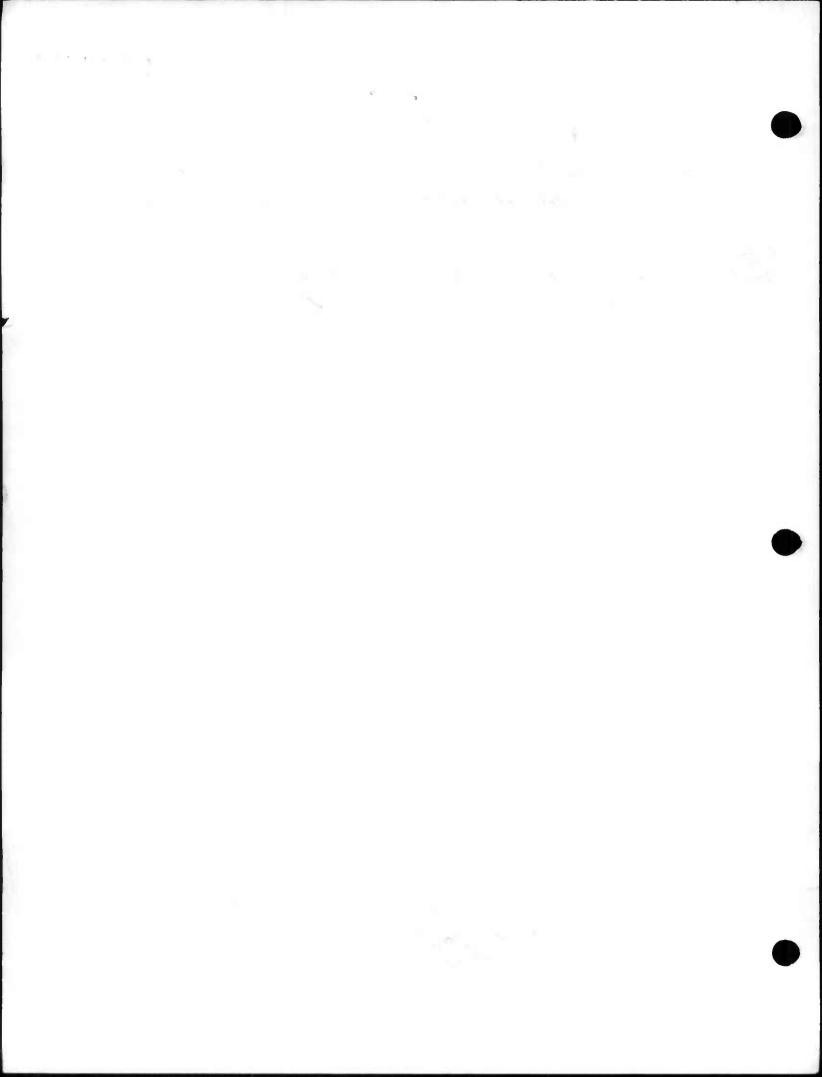
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phys	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buris	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SPITAL	NERAL	11 72 11 72	NT: II
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND N	MENTAL HYGIEN REG. NO	E	
	1. OECEDENT'S NAME (First, Middle, Lest)	Simms	,			2. DATE OF OEATH DO	" - 9°0	3. TIME OF DEATH 1:00 amm m
	216-28-73251	M2 DF 6	, 3 YRS. MC	UNDER 1 YEAR	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	27 00	RTHPLACE (State or Foreign unitry)
TOR	99. FACILITY NAME (If not institution, give street OJEPH RESIDENCE OF DECEDENT		"ITAL"		N LOCATION OF DE	ATH	9c. COUNTY O	ACT.
DIRECTOR	10a. STATE				mor	E		10d. INSIDE CITY LIMITS? 1 FES 2 NO
FUNERAL		LAME		٠	ZIP CODE		u	F WHAT COUNTRY?
BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, DIVE WAR OR DO		If yes, spe		IC DRIGIN? (Specify Year, Puerto Ricari, etc.)	В	ACE — American Indian, lack, White, etc. pacify: BLACIC
COMPLETED	15. OECEDENT'S EOUCATE (Specify only highest grade com Elementary/Secondary (0-12) 10th		18e. DECEDENT'S US (Give kind of word life. Do NOT use n	k done during mod etired.)	st of working	16b. KIND DF BU		
BE COM	17. FATHER'S NAME (First, Middle, Lest) ALSTON SIMMS		HOME	IMPROV		ME (First, Middle, Melden CE REDD	Sumeme)	
0	19a. INFORMANT'S NAME (Type/Print) CAROLYN SIMMS		2782	THE A	LAMEDA-	Route Number, City or Tow -BALTIMOR		
	20e. METHOD OF DISPOSITION 1 D Buriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State	ARRISON	FORES			CATION - City of	MILLS, MD.
	21. SIGNATURE OF FUNERAL SERVICE LICENS			22. NAME AN	D ADDRESS OF FA	CILITY		NORTH AVE.
٦	23. PART I. Enter the diseases, or com shock, or heart failure. List	t pnly pne cause pn e	ach line.			4	iratory arreat,	Approximate interval Between
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Shirther DUE TO (OR AS I	toma CONSEDUENCE OF:	- of	the b	ram		Onset and Death
NO	Sequentielly list conditions, if any, leeding to immediate	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
	PART II. Other algnificant conditions c	ontributing to death b	out not resulting in	the underlyin	g cause given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF OEATH?
M.						- 1		1 NES 2 ND
PHYSICIAN: MEDICAL		IOSPITAL:		THER:	ACE OF DEATH (Ch	eck only one) 8 Other (Specify)		
7	27, MANNER OF DEATH	28e. DATE DF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJ	URY AT	28d. DESCRIBE HOW	INJURY OCCURE	D
D BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	/ — At home, ferm, stre		YES 2 NO	28I. LOCATION (Street City or Town, State		iral Route Number,
COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYIND PHYSICIAL ON DESCRIPTION OF COMMON ON THE CENTRAL COMMON OF COMMON OF COMMON OF CENTRAL COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COM	N: To the best of my know						use(e) and manner se stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	le Lem.			29c. LICENSE NUI	WBER		NEO (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, P	rine do s		EPH 1+0	SPITA	L, TOWSON

Julie Davidson

31. DATE FILED, (Magth, Any Mars)



DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146	3
PINE DR ALLENDING PHYSICIAN: The taw requires that the death certificate be executed with	ne izw requires that the death Certhicate be executed with the coath. Fage o may be retained by the hospital to	
EMAL, DIRECTOR; After this certificate has been signed by the attending physician and compressly med in by the In 72 hours after death with the State Debt, of Health and Mental Hypiene prior to burial, cremation, or removal,	in as been signed by the attending physician and compression, but invited offector, page 3 should be betached for the attending physician and compressy men in by the fundamental offector. I give a should be betached for the attending physician and compared to build, cremation, or removal.	Fages 1, 2, 3 should
Till item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	nedical examiner must be notified at once.	

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2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(a) and manner 29b. SIGNATURE AND TITLE OF CERTOFIEM 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, N	BY PHYSICIAN: MEDICAL	ahock, or heart fellur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other aignificent condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 8 Pending 2 Accident Investigate 3 Suicide 6 Could not 4 Homicide	a. DUE TO b. DUE TO c. OUE TO d. HOSPITAL: 1 Inpatient: 2 28e. 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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

OR COST S. STORR 120 S13

31. DATE FILED (Month, Day, Vear)

AUG 8 1990 July Devidoon Pandage

AUG 8 1990 July Devidoon Pandage

IZRRE DRIVE

Feets ra

BALTIMORE, MARYLAND 212

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the current after death. Page 6 may be retained by the harphal or THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use tiled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DE	PARTMENT OF	HEALTH AND	MENTAL HYGIENI
CER	TIFICATE O	F DEATH	REG. NO.

FOR STATE REGISTRAR	STATE OF MARYL			OF DEATH AND I	MENTAL	REG. NO.	_		
. DECEDENT'S NAME (First, Middle, Last)					2. DATE MONTH	OF DEATN	(Y Y	ZEAR 3. T	IME OF DEATH
CHESTER JAME		SR.			07	28	90		10:04 P
	6. AGE		ONTHS D	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE	OF BIRTH , Day, Year) 4/192	0 1	Wash	ington,
FACILITY NAME (If not institution, give stree	^		b. CITY. TO	OWN OR LOCATION OF DE	<u> </u>	4/132		Y OF DEATN	
PRINCE GEORGES				RLY. MD			PG (
e. STATE 10b. COUNTY			TOWN OR I						INSIDE CITY
District of Col	umbia			ngton					LIMITS?
. STREET AND NUMBER			45111	101. ZIP CODE			10g. CITIZE	N OF WHAT	
4206 Grant Str	eet, N.E.			20019			Unit	ted :	States
	12. WAS DECEDENT EVER I	N U.S. ARMED		S DECENDENT OF NISPAN					American Indian, lite, etc.
Never Merried 2 Merried Wildowed 4 Divorced	FORCES? 1 YES			es, specify Cuben, Mexica YES 2 XNO Specify		ilcan, etc.)		Specify: Black	
15. DECEDENT'S EDUCA (Specify only highest grade co	TION impleted) College (1-4 or 5+)	16e. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done dun	JPATION ing most of working	16b.	KIND OF BUS	SINESS/INDUS	STRY	
Unknown	College (1-4 of 5 T)	Supervice	or Po	ads & Bridg	D D	C C	'ount	. Dust	olia Wa
FATHER'S NAME (First, Middle, Last)		r.supervisi	H KC	16. MOTNER'S NA	ME (First, I	Aiddle, Maiden	Surneme)	<u>y P.III</u>	ALJE WO
Archie	Savoy			F	Blan	che E	utle	r	
. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (S	Street end Number or Rural i	Route Numb	oer, City or Tow	n, State, Zip C	ode)	
Patricia Harris		4214		ult Place	≥, N				
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□ Donation 6 □ Other (Specify)		Mt. Oliv		emetery		Wa	shin	gton	D.C.
SIGNATURE OF FUNERAL SERVICE LICE	ISEE		23 t	ME AND ADDRESS OF FA	iera	1 Hom	ne		
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ART II. Other significant conditions	contributing to death	but not resulting in	the unde	ariying cause given in	Part I.	24a. WAS AN PERFOI 1 VES 2	RMED?	AMA COI OF	RE AUTOPSY FINDING ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
S. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PLACE OF DEATH (CA	heck only or	ne)			
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	HOSPITAL: 1 Inpatient 2 ER/Out		OTHER:	g Nome 5 🗆 Reeldence	6 🗆 Othe	r (Specify)			
MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 2	Bc. INJURY AT WORK?	28d. DE	CRIBE NOW	INJURY OCCU	PRED	
1 Natural 5 Pending Investigation			М	1 YES 2 NO					
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, st ecity)	reet, factor	y, office		ATION (Street or Town, State)		r Rural Route	Number,
and diff	AN: To the best of my know: On the basic of examination				time, date		nd due to the	cause(e) en	d menner ee stated.
30. NAME AND ADDRESS OF PERSON WHO 31. DATE FILED (Month, Day, 16ar)	32. REGISTRAN'S SIG		Print)	V -10	7			100	100

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BALTIMORE, MARYLAND 21203-31

5	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
	. 2, 3		
	Pages		
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1	ransit p		
1	bunial-1		
tending	as the		
ol or att	for use		
hospita	tached		.00
by the	be del		at on
etained	should		otified
ay be	page 5		t be n
10е 6 п	firector,		r mus
eath. Po	uneral		amine
after d	by the I	moval.	ical ex
4 HOURS	illed in	In, or re	e med
NG PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or atta	pletely 1	th the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ent, th
ecuted	nd com	burial, o	atic ev
a be ex	sician a	nior to	traum
ertificati	ing phys	glene p	other
death c	attendi	ental Hy	ry, or
nat the	by the	and M	ny inju
quires t	n signed	I Health	ows a
aw re	has bee	Dept. o	23 sh
AN: The	tificate !	e State	r item
HYSICI	this cer	with th	ked, c
ADING F	: After	death	is mar
THE HOSPITAL OR ATTENDIN	HE FUNERAL DIRECTOR: After this	be filed within 72 hours after death with the	MPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ITAL DE	RAL DI	72 hou	: If ite
E HOSP	E FUNE	d within	RTANT
ET CL	TO TH	be file	MPO

AUG 8 1990

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) E. Streb	2. OATE OF OEATH MONTH DAY YE	3. TIME OF GEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.		BIRTHPLACE (State or Foreign Country)
	1 M x AF 52 YRS. MONTHS DAYS HOURS MIH.	12-10-37	MD I
-	Bis. FACILITY NAME (If not institution, give abust and number). 9b. CITY, TOWN OR LOCATION OF DE	ATH 9c. COUNTY	OF OEATH
TOR	RESIDENCE OF DECEDENT		satimore
DIRECTOR	MO POLLIMORE. 100. CITY, TOWN OR LOCATION	- PARKVIUS	10d. INSIDE CITY LIMITS? 1 Tes 2 No
	10e. STREET AND NUMBER		OF WHAT COUNTRY?
FUNERAL	X009 HOUTIER HVENUE 10103	04 0.	· S. A.
5	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuben, Mexics	HC ORIGIN? (Specify Yee or No- n, Pueno Ricen, atc.)	RACE — American Indian, Black, White, etc.
B₹	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specific	y:	Specify:
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Specify only highest grade completed	16b. KIND OF BUSINESS/INDUST	'RY
7	Elementary/Secondary (0-12) College (1-4 or 5+) College (1-4 or 5+)		
OM	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NA	ME (First, Middle, Melden Surneme)	1
BE C	JAMES W- BORN NAO	MA C. FRA	nk
10 B	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural	Route Number, City or Town, State, Zip Coo	de)
	FAMILY KLEDROS JAME AS ABO	VE	
	20b. METHOD OF DISPOSITION The Burlet 2 Cremetton 3 Removal from State 4 Donotton 6 Other (Specify)	20c. LOCATION — City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FA	CILITY MEMORIS	S
	- Likela & Krans A 8800 HARFO		علايا
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such abook, or heart fellure. List only one cause on each line.		, Approximate Interval Between
	MAMAGINIATE CALLOS (Sign)	1 11 1	Onset and Death
	disease or condition	Lung Upper Lung	Will Jayo
	DUE TO (OR AS A CONSEQUENCE OF):) "	/
No.	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):		
ATI	t eny, leading to immediate cause. Enter UNDERLYING		1
띮	CAUSE (Disease or injury the initiated events DUE TO (OR AS A CONSEQUENCE OF):		
CERTIFICATION	resulting in death) LAST		
2	PART II. Other algorificent conditions contributing to death but not resulting in the underlying ceuse given in	Part I. 24a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
CA	Civrhosis of the Liver	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC		1 U YES 2 NO	OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (CI	neck only one)	
/SIC	EXAMINER? 1 YES 2 NO NO NO NO NO NO NO NO NO NO	6 Other (Specify)	
PH	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 1 Netural 5 Pending	26d. OEŞCRIBE HOW INJURY OCCUR	NEO
BY	2 Accident Investigation	and Location (State and Number of	Cont Conta Monta
TED	3 Suicide 6 Could not be determined 26. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify)	281. LOCATION (Street end Number or City or Town, State)	HURIT HOUSE NUMBER,
, E	29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date end piece, end du	to the ceuse(s) end manner ee stated.	
COMPLETE	(Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the		ause(e) end manner ee stated.
ECC	295. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NU	MBER 29d. DATE S	IGNED (Mogth, Day, Year)
TO BI	Cally from 1013	112 >8-	-6-90
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ROBERT TELESTORY SUITE 506	20 Sister Pip	me Dr. 21204

Section 1

BALTIMORE, MARYLAND 21203-3146

10

James Kaplan,MD

81990

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	G-669 11-2-90 cm	#1									-	U	21030
	1 - STATE REGISTRAR	STATE OF MAR			RTMENT				MENTA	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Walt	er T SCHEUR	FLER						MONT	of DEATH DV		EAR 3	11:30AM
	4. SOCIAL SECURITY NUMBER	5. SEX 8. /	AGE (In yrs. les	t hirthday)	IF UNDER	VEAR	IE LINDE	R 24 HRS.		OF BIRTH		BIOTHOL	LACE (State or Foreign
	218-18-0036	420000	86	YRS.	MONTHS	DAYS	HOURS	MIN.		h, Day, Year)		Country)	MORE CITY
	9a. FACILITY NAME (If not institution, give s	treet and number)						ION OF D			9c. COUNTY	OF DEA	NTH
DIRECTOR	1315 Gorsuch Aver			I I	Balt	:Imoi	re Ci	Lty					
EC	10a, STATE 10b. COUNT	Y		10c. CIT	Y, TOWN O	R LOCAT	ION					1	0d. INSIDE CITY
	MD.			В	ALTI	MOR	E					1	X YES 2 NO
FUNERAL	10e. STREET AND NUMBER					10f.	ZIP COD				10g. CITIZE	OF WN	AT COUNTRY?
Ÿ.	1315 GORSUCH	AVE.					2121	L8			Į t	J.S.	Α.
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YES 2 N	MED IO	36	yes, spe	city Cub		n, Puerto	N? (Specify Yea Rican, etc.)	or No— 14	RACE - Black, Specify: WHI	
0	15. DECEDENT'S EDU		18a, DE	CEDENT'S	USUAL OC	CUPATIO)N		166	KIND OF BU	SINESS/INDUS		. 1 13
COMPLETED	(Specify only highest grade	College (1-4 or 5+)	(Gi	ive kind of	work done d se retired.)	uring mo	st of work	ing			1PLOYEI		
8	17. FATHER'S NAME (First, Middle, Last)						18, MOT	THER'S NA	ME (First,	Middle, Malden	Surname)		
BEC	CHARLES HENRY SCH	EUFLER					ANN	JA MA	RIE	PHILLI	P		
TO B	19a. INFORMANT'S NAME (Type/Print)		198	b. MAILING	ADDRESS	(Street a	nd Numbe	or or Rural	Route Num	ber, City or Tow	rn, State, Zip Co	de)	
	20a, METHOD OF DISPOSITION 1	ioval from State	20b. PLACE other place	nce)	SITION (Nar	ne of cen	netery, cre	matory or		20c. LO	CATION — CIT	or Town	n, Steta
	21. SIGNATUS OF FUNERAL SERVICE LI		emo v a		22 1	JAME AN	ID ADDRI	ESS OF FA	CILITY				
	mulled)	1 nel								DOAD		T	
			7-26-)., MD.
	23. PART J. Enter the diseesea, or ahock, or heart feliure.	complications that ca List only one cause	used the de on each line	ath. Do	not enter	the mo	de of dy	ying, aud	h aa can	diac or reap	iratory arrea	t,	Approximete Interval Between
	IMMEDIATE CAUSE (Finel												Onset and Death
	disease or condition resulting in deeth)	. Arterios				ovas	scul	ar d	isea	se			
		DUE TO (OR	AS A CONSE	DUENCE C	OF):								
NOIL	Sequentially list conditions, if any, leading to immediata	b DUE TO (OR	AS A CONSE	DUENCE C	OF):								
2	cause. Enter UNDERLYING CAUSE (Disease or injury	C	AS A CONSE	DIJENCE C	NEN.								1
CERTIFICATION	that initieted events resulting in deeth) LAST	d	AS A CONSE	DOENGE C	,, ,.								İ
	PART II. Other aignificent condition	ne contributing to des	eth but not r	noiting	In the un	derlying	COLLOG	given in	Part i	24a, WAS AN	ALTTOPRY	24h 1	WERE AUTOPSY FINOINGS
8 8										PERFO		1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
									_	XX YES	NO NO		OF DEATH?
Σ									_	HEAD C	NLY	'	KXYES 2 □ NO
M	25. WAS CASE REFERRED TO MEDICAL		-			26. PL	ACE OF	OEATH (C/	neck only o	ne)			
Sic	EXAMINER?	HOSPITAL:	L/Outpatient 3	□ DOA	OTHER	t: ilna Hom	XXX	Residence	8 □ Oth	er (Specify)			
PHYSICIAN: MEDICA	27. MANNER OF OEATH	28a. DATE OF INJ (Month, Day,)		28b. TH		28c. INJ					INJURY OCCU	REO	
BY	Natural 5 Pending Investigation				М	1 🗆 1		□ NO					
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF IN building, atc.	JURY — At he (Specify)	ıme, farm,	street, facto	ery, offic	•			CATION (Street or Town, State	and Number or)	Rural Ro	ute Number,
COMPLETED	and /	ICIAN: To the best of my											and manner on stated
8			mattern and/of	rvestigiti	ion, in my o	pinion, d				and place, at		77 - 1	Marie Marie
BE	296. INDIVIDUE AND WITH DE CERTIFIE						29c, LI	CENSE NU OCM			29d. DATE S	7-11	Month, Day, Year) -90

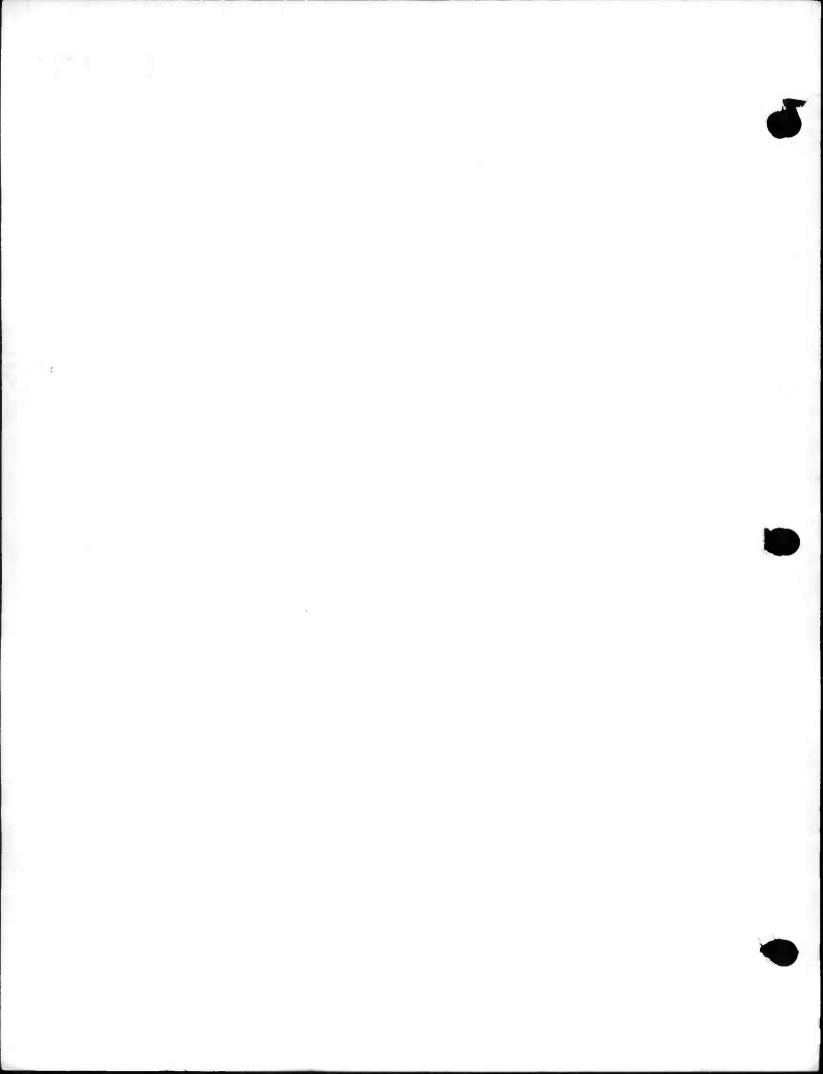
WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REDISTRAN'S SIGNATURE

111 Penn Street, Baltimore, MD 21201

VC

29d. DATE SIGNED (Month, Day, Year) 7-11-90



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			C	EKIIFI	CATE	OF	DEAT	Н		REG. N	0.			
1. DECEDENT'S NAME (First,	Middle, Last)					•				OF OEATH	DAY	VEAR	3. TIME OF E	EATH
Warren				ı	Thom	as			MONT!	н	2	90	1:16	Δ M
4. SOCIAL SECURITY NUMBER	R	5. SEX	8. AGE (In yrs. la		IF UNDER		IF UNDER 2	4 HRS.	7. OATE	OF BIRTH	-	8. BIRT	HPLACE (State	or Foreign
215-80-637	78	1 XM 2 - F		YRS.	MONTHS	DAYS	HOURS	MIN.	9	10 To	4	Mai	ryland	
9a. FACILITY NAME (If not ins	titution, give stre	et and number)			9b. CITY,	, TOWN C	R LOCATIO	N OF DE	ATH			UNTY OF		
9308 Meadow	vhill F	Road			E1.	lico	tt Ci	ity				Howai	rd	
10a. STATE	10b. COUNTY			10c. CITY	r, TOWN C	OR LOCAT	ION						10d. INSIDE	CITY
Maryland	Howar	d		E1:	lico	tt (ity						LIMITS?	K) NO
100. STREET AND NUMBER							ZIP CODE				10g. C	ITIZEN DF	WHAT COUNTR	Y7
9308 Meado	w Hill						21043	3				II.S	S.A.	
11. MARITAL STATUS	I	12. WAS DECEDEN	T EVER IN U.S. A	RMED			ENDENT OF				fee or No-		CE — American ck, White, atc.	Indian,
1 Never Merried 2 1 3 Widowed 4 Divor		FORCES? 1	YES 2 X	NO			2 NO			Rican, atc.)			ck, white, atc.	
	DENT'S EDUC			ECEDENT'S					166	. KIND OF	USINESS/I	NDUSTRY		
(Specify only Elementary/Secondary (0-	highest grade c	College (1-4 or 5 -	iii.	Give kind of w e. Do NOT us	e retired.)	during mo	st of working	7						
	,				Stud	ent								
17. FATHER'S NAME (First, Mi	ddie, Last)						16. MOTH	ER'S NAI	ME (First,	Middle, Maid	en Sumame)		
Cromwell Th	omas							.Ta	ne V	. The	mas			
19a, INFORMANT'S NAME (To			11	Db. MAILING	ADDRESS	S (Street s	nd Number o					Zip Code)		
Jane V. Tho	mac			308 M									143	
				DF DISPDS					COLL		LOCATION			
20a, METHOD OF OISPOSITI 1 ☐ Burlai 2 X Crematio 4 ☐ Donetion 5 ☐ Other	n 3 🗆 Remo	val from State	other p	ro Cre							tons			
21. SIGNATURE OF FUNERAL		NSEE	- Inc.	LO CI	22.	NAME A	ND ADDRES	S OF FAC	CILITY				s,riu.	
44.1		114	A			HARF	Y H.	WIT	ZKE	FUNE	RAL H	OME		
Harr	A. C.	WHIST	5/										ity, Md.	21043
23. PART I. Enter the di	seases, or co	int only one cou	t ceused the d	eath. Do n	not enter	the mo	de of dylr	ng, aucl	h ae car	diac pr re	piratory	arreat,		ximete al Between
IMMEDIATE CAUSE (Fin	al		A	ND										and Death
disease or condition resulting in death)	→	ACUIE IMI	PRAMINE,	NORIRI	PIYLI	NE A	DAIC	HEL	INIO	CATIO	N		1	
resulting in death)														
		OUE TO	(OR AS A CONSI	EDUENCE OF	F):									
		OUE TO	(OR AS A CONSI	EDUENCE OF	F):							-		
Sequentially liet conditi			(OR AS A CONSI											
If any, leading to immed cause. Enter UNDERLYI	diete NG													
If any, leading to immediates. Enter UNDERLYI CAUSE (Disease or injusthat initiated events	diete NG ry c	DUE TO		EOUENCE OF	F):									
If any, leading to immed cause. Enter UNDERLY! CAUSE (Discess or Inju	diete NG ry c	DUE TO	(OR AS A CONSI	EOUENCE OF	F):									
If any, leading to immer cause. Enter UNDERLIV CAUSE (Disease or Inju that initiated events resulting in deeth) LAS	dilete NG ry T	DUE TO	(OR AS A CONSI	EQUENCE OF	F):					240 WAR	AN AUTODO		AL WEST ALTON	OV EMPINOS
If any, leading to immediates. Enter UNDERLYI CAUSE (Disease or injusthat initiated events	dilete NG ry T	DUE TO	(OR AS A CONSI	EQUENCE OF	F):						AN AUTOPS	3Y 24	No. WERE AUTOP	OT ROIS
If any, leading to immer cause. Enter UNDERLIV CAUSE (Disease or Inju that initiated events resulting in deeth) LAS	dilete NG ry T	DUE TO	(OR AS A CONSI	EQUENCE OF	F):					PER		SY 24		OT ROIS
If any, leading to immer cause. Enter UNDERLIV CAUSE (Disease or Inju that initiated events resulting in deeth) LAS	dilete NG ry T	DUE TO	(OR AS A CONSI	EQUENCE OF	F):					PER	ORMED?	24 24	ANAILABLE P	RIOR TO OF CAUSE
If any, leading to immer cause. Enter UNDERLIV CAUSE (Disease or inju that initiated events resulting in deeth) LAS	diete NG ry T	DUE TO	(OR AS A CONSI	EQUENCE OF	F):					PER	ORMED?	SY 24	AMAILABLE PO COMPLETION OF DEATH?	RIOR TO OF CAUSE
If any, leading to immer cause. Enter UNDERLIV CAUSE (Disease or Inju that initiated events resulting in deeth) LAS	diete NG ry T	DUE TO	(OR AS A CONSI	EQUENCE OF	F): F): In the ui	nderlyin 28. P		lven In	Part I.	PERI 1 (X) YES	ORMED?	24	AMAILABLE PO COMPLETION OF DEATH?	RIOR TO OF CAUSE
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BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO BE COMPLETED BY FUNERAL DIF

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22—Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit germit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89

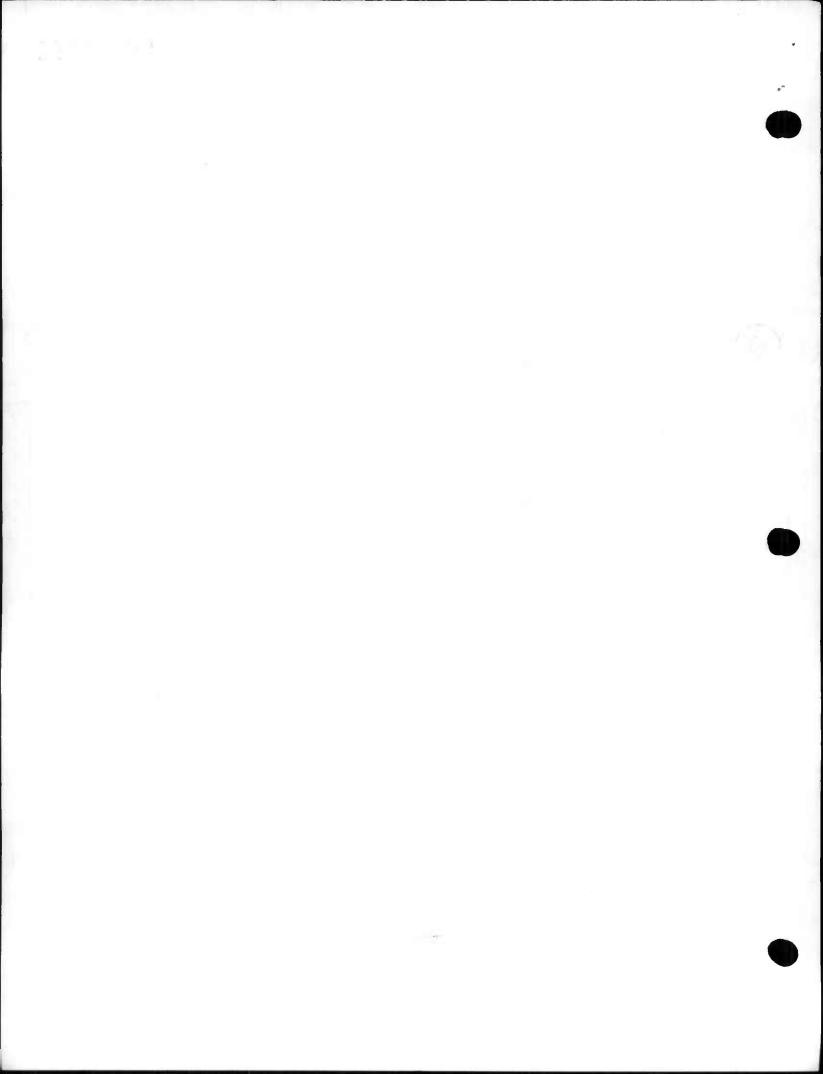
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 20-mouns after death. Page 6 may be retained by the longer as an only physicial	burial-to		
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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4. SOCIAL SECURITY NUMB	ER	5. SEX	8. AGE (Ir			IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF B (Month, Day	, Year)		8. BIRTI	HPLACE (State or Foreign
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11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	Married	12. WAS DECEDED FORCES? 1 IF YES, GIVE V	YES	2 ZN			If yes, sp	ecify Cube		IIC ORIGIN? (S) n, Puerto Ricen /:		or No—	Spec	E — American Indian, ik, White, etc. i/ly: White
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17. FATHER'S NAME (First, M		1						18. MOT		ME (First, Middle therin			t	
Wilfred Noel Catherine Bisnett 196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)														
Mr. Stanle		Wisnowsk	i,Sr.							timore			207	
20s. METHOD OF DISPOSIT 1 5 Burlel 2 □ Crematic 4 □ Donation 5 □ Other	n 3 🗆 Ren	noval from Stata	20b.	other pla	of Dispos				,					own, State e, MD
21. SIGNATURE OF FONERA		CENSEE				22	MAME A	ID ADDRE	00 OE EA	CILITY				
Mig	her	11) =	to:	rk	-					Funera Road				, MD 21133
23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF):														
If any, leading to imme cause. Entar UNDERLY CAUSE (Disease or inju- that initiated events	Sequentially list conditions, If sny, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISEASE (DISE													
PART II. Other significe	ent conditio	ns contributing to	o death be	ut not r	eaulting I	In the u	ınderiyin	g cause	given in	Part 1. 24	. WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
										10	YES 2			COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED T	O MEDICAL							LACE OF	OEATH (C/	neck only one)				
1 VES 2 NO		HOSPITAL:	☐ ER/Outp	atient 3	□ DOA	4 D Nu		ne 5 🗆 F	tesidence	8 Other (Sp	pecify)			
	Pending investigation	28a. DATE O (Month,	F INJURY Day, Year)		28b. TIM INJ	E OF IURY M	W	JURY AT ORK? YES 2	□ NO	28d. DESCRI	BE HDW	INJURY O	CCURED	
2 Accident 3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE building	OF INJURY), atc. (Spec	— At ho	me, farm, s	street, fa	ctory, offic	20		28f. LOCATIO City or R	ON (Street own, State)	and Numb	er or Rural	Route Number,
CORBON OFFIN		BICIAN: To the best of ER: On the basis of												(a) and manner as stated.
296. SIGNATURE AND TITLE	OF CERTIFI	ER						29c. Life	CENSE NU	MBER 73 U		29d. D/	ATE SIGNE	D (Month, Day, Year)
30. NAME AND ODRESS OF		HO COMPLETED CA	SE OF DE	ATH (ITE	M 27) (Type,	, Print)	1	AL	r.		21	20	4	N. A.
31. DATE FILAUS O	3 1990	эз недізт	AR T THOU	MUDI-	-	1								
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BALTIMORE, MARYLAND	ours after death. Page 6 may be retained by the hosp	filled in by the funeral director, page 5 should be detache ion, or removal.	the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

FOR STATE SEGISTRAR	TATE OF MARYLAN	D / DEPARTM				GIENE	90 2169
1. DECEDENT'S NAME (First, Middle, Last)	BECKER, SR	OLITINIO/	AL OI	DEATH	2. DATE OF DE	EATH	3. TIME OF DEATH 5:40 A
4. SOCIAL SECURITY NUMBER 8. S	SEX 6. AGE (In y	YRS. MON		IF UNDER 24 HRS. HOURS MIN. PR LOCATION OF	7. DATE OF BII (Month, Day,	1, 1918 (1 Bc. COUNTY	BIRTHPLACE (State or Foreign Country) OF DEATH TIMORE Country
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY MARY AND BAKT	MORE	10c. CITY, TO	WN OR LOCA	31			10d. INSIDE CITY LIMITS? 1 YES 2 NO
10. STREET AND NUMBER 28 17 5 CR 20 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	WAS DECEDENT EVER IN U. FORCES? 13 YES IF YES, GIVE WAR OR DATE	2 NO	13. WAS DEC		PANIC ORIGIN? (Spicen, Puerto Ricen,	ecify Yan or No.— 14.	RACE — American Indian, Black, White, atc.
15. DECEDENT'S EDUCATIC (Specify only highest grade complete the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the complete that the c		Give kind of work. Iffe. Do NOT use ret	done during mo	st of working	18b. KIND	OF BUSINESS/INDUS	THY Co-
190. INFORMANT'S NAME (Type/Print) FACTOR RS	coros	196. MAILING ADE	DRESS (Street)	ALB:	ERTA Il Route Number, Ch	MAE ty or Town, Stata, Zip Co	GREEN
20a, METHOD OF DISPOSITION 13 Burlel 2 Cremation 3 Removal 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS	from State	LACE OF DISPOSITION PROPERTY CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONT	157 (NO ADDRESS OF	N N	20c. LOCATION - CITY PARKYIL MEMORI LORO-PAI	or Town, State 15 MARYLAN 25 W. W.
23. PART I. Enter the diseases, or come shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	Plyocardia DUE TO (OR AS A CO	line. 1 Infrac		de of dying, a	uch se cardiac d	or reapiratory arrest	t, Approximate Interval Betwee Onset and Daw
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO						
PART II. Other significant conditions of Chronic Obstruct Severe Periphera	ive Pulmona	ry Diseas		g cause given		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
1 WES 2 NO 12	OSPITAL:	ent 3 DOA 4 D	HER: Nursing Hor		Check only one)	octty)	
27. MANNER OF DEATH Netural 5 Pending	28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY — building, atc. (Specify)	28b. TIME OF INJURY	M 1 🗆	PURY AT URK? YES 2 NO		E HOW INJURY OCCUP N (Street and Number or vn, State)	
one) 2 MEDICAL EXAMINER: O	I: To the best of my knowled						cause(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER RAIN CLUB SIGNATURE AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF GEATH		nt)	29c. LICENSE N	NUMBER	29d. DATE S	BILLYO
Dr, Rose Richards 31. DATE FILED (Month, Day, Year)	M.D. 9000		Squar	e Drive	Baltimo	re Maryla	nd 21237

DHMH-18 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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4. SOCAL SECURITY NUMBER 235—52—2073 1	State or Foreign DD WV SIDE CITY MITS? ES 2 ND UNTRY?								
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17. FATHER'S NAME (First, Micdie, Lest) Lester Wilt Mildred Harsh 198. INFORMANT'S NAME (Type/Print) Carolyn F. Wilt Box 35 Eglon, WV. 26716 269. METHOD OF DISPOSITION 109. PLACE of Disposition (Name of commency: commutary or other place) Figlon Cemetery 21. NAME AND ADDRESS OF FACILITY Hinkle Funeral Home Box 186 Davis, WV. 26260 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory smeat, in any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Carolyn F. Wilt Sequentiety list conditions DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Carolyn F. Wilt Sequentiety list conditions DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Carolyn F. Wilt Sequentiety list conditions DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Carolyn F. Wilt Sequentiety list conditions DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Carolyn F. Wilt Sequentiety list conditions DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Carolyn F. Wilt Sequentiety list conditions DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Carolyn F. Wilt Sequentiety list conditions DUE TO (OR AS A CONSEQUENCE OF): Carolyn F. Wilt DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Carolyn F. Wilt Sequentiety Name of Consequence of Consequence OF): Carolyn F. Wilt DISTANCE AND ADDRESS OF FACILITY Hinkle Funeral Roune Due To (OR AS A CONSEQUENCE OF): Carolyn F. Wilt Due To (OR AS A CONSEQUENCE OF): Carolyn F. Wilt Due To (OR AS A CONSEQUENCE OF): Carolyn F. Wilt Due To (OR AS									
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27. MANNES OF DEATH 1 Natural 5 Pending Investigation 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCUREO									
3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28s. LOCATION (Street and Number or Rural Route Num City or Town, State)									
29s. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. Description of the cause(e) and manner as stated. Description of the cause(e) and manner as stated. Description of the cause(e) and manner as stated. Description of the cause(e) and manner as stated. Description of the cause(e) and manner as stated. Description of the cause(e) and manner as stated. Description of the cause(e) and manner as stated. Description of the cause(e) and manner as stated. Description of the cause(e) and manner as stated. Description of the cause(e) and manner as stated. Description of the cause(e) and manner as stated. Description of the cause(e) and manner as stated. Description of the cause(e) and manner as stated. Description of the cause(e) and manner as stated. Description of the cause(e) and manner as stated. Description of the cause(e) and manner as stated. Description of the cause(e) and manner as stated. Description of the cause(e) and manner as stated. Description of the cause(e) and manner as stated. Description of the cause(e) and manner as stated. Description of the cause(e) and manner as stated. Description of the cause(e) and manner as stated. Description of the cause(e) and manner as stated. Description of the cause(e) and manner as stated. Description of the cause(e) and manner as stated. Description of the cause(e) and manner as stated. Description of the cause(e) and manner as stated. Description of the cause(e) and manner as stated. Description of the cause(e) and manner as stated. Description of the cause(e) and manner as stated. Description of the cause(e) and manner as stated. Description of the cause(e) and manner as stated. Description of the cause(e) and manner as stated. Description of the cause(e) and manner as stated. Description of the cause(e) and manner as stated. Description of the cause(e) and manner as stated. Description of the cause(e) and man	nber,								
296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, C									
30. NAMI AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	nner es stated.								
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BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defacted.		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at opco.	
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L OR	DIR	hou	iter	
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	王	THE	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	POR	
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FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
DECEDENT'S NAME (First, Middle, Last)	, Caurence H	2. DATE OF DEATH MONTH 0 8 DAY 0 /

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	1. DECEDENT'S NAME (First, Middle, Last)	rence	1-1		2. DATE OF DEATH MONTH 08	AY O J S	3. TIME OF DEATH			
			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	01 9	BIRTNPLACE (State or Foreign			
	116-28 0237 1 WM 2 DF		NTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)			
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Œ	MERY HOSA					Ju. 0001111	OF BEATH			
5	RESIDENCE OF DECEDENT									
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?			
	1112	B	HLL	0			1 TES 2 NO			
FUNERAL	STREET AND NUMBER		10f	ZIP CODE	7	10g. CITIZEN	OF WHAT COUNTRY?			
NE	11. MARITAL STATUS 12. WAS DECEDENT EVE	2 11 11 2 4 20 11 2	/ / / / / / / / / / / / / / / / / / /	120	IC ORIGIN? (Specify Ye	1.), /			
	Never Merried 2 Merried FORCES? 1 YE	S 2 NO	If yes, spe	city Cuben, Mexice	14.	RACE — American Indien, Black, White, etc.				
BY	Widowed 4 Divorced	IDATES	1 🗆 YES	2 NO Specify			Specify: Black			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US	UAL OCCUPATIO	N et of working	16b. KIND OF BU	SINESS/INDUST	TRY			
	College (1-4 or 5+)	Ille. Do NOT use re	etired.)	a or tronaing	Pos	tours	T			
MP	Ellminiany	Col	2		1/20	CHUNEL	**			
	17. FATNER'S NAME (First, Middle, Last) To make Willy	1		16. MOTHER'S NA	ME (First, Middle, Meiden	Surname)				
BE	19a, INFORMANT'S NAME (Typo/Pytha)		22500 (2)	1110	loute Namber, City or Tow					
2	Took IN 1000 Min	12101	y , F	Number of Hursi I	Rn 9	n, Stare, Zip Coo	1 21202			
	20s. METNOD OF DISPOSITION	20b. PLACE OF DISPOSITI	ON (Name of cen	peteny, crametory or	20c. LC	CATION — City				
	1 Durial 2 Cremetion 3 Ramoval from State 4 Donation 5 Other (Specify)	other place)								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	-	22. NAME AN	D ADDRESS OF FA	CILITY		21.10			
	Desert to Focks I		Lak	Finner	A Home /	304 h	Central as			
	23. PARTA. Enter the diseases, or complications that cau	sed the death. Do not	enter the mo							
	shock, or heart failure. List only one cause of IMMEDIATE CAUSE (Finel disease or condition resulting in death)	edial 1	Infa,	-ction			Onset and Death			
	DUE TO (OR AS A CONSEQUENCE OF):									
ON	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):									
TA	If any, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
TH	resulting in death) LAST	tust miliated events								
	PART II. Other significent conditions contributing to deat	h but not resulting in t	the underlying	cause civen in	Part I. 24a. WAS AF	AITTOPEY	24b. WERE AUTOPSY FINDINGS			
MEDICAL	TAIL II. Other agrinount contentions contributing to death	i but not reauting in	ine underlying	cause given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
ED					1 TYES	NO	OF DEATH?			
-					- 1		1 TYES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL		26. PI	ACE OF DEATH (Ch	ack only one)					
PHYSICIAN:	EXAMINER? 1 YES 2 NO NO NO NO NO NO NO NO NO NO	outpatient 3 DOA 4	THER:	e 5 🗆 Residence	8 Other (Specify)					
ΗX	27. MANNER OF DEATN 28s. DATE OF INJUI (Month, Day, You	RY 285, TIME C	F 28c, INJ	URY AT	28d. DESCRIBE HOW	INJURY OCCUR	RED			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	anson		RK? /ES 2 NO						
	3 Suicide 8 Could not be 28e. PLACE OF INJ	JRY — At home, farm, stre	et, factory, offic		28f. LOCATION (Street City or Town, State		Rural Route Number,			
COMPLETED	4 Homicide determined									
PLE	29a. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my ke	nowledge, death occurred	at Ihe Ilme, date	and place, and due	to the cause(s) and ma	nner ee stated.				
OM	one) 2 MEDICAL EXAMINER: On the basis of examina	ation end/or investigation,	in my opinion, d	eath occured at the	time, date end place, e	nd due to the c	euse(a) and menner se stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI	ABER,	29d. DATE S	IGNED (Month, Day, Year)			
38 C	Many Hoffer v	no		Resider	It	▶ 81	1190			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	OEATH (ITEM 27) (Type, Pr	-	1	и. о					
- 1	301 St. Vaul	lace.	Bal.	borne	mo.	212	67			
	31. DATE THE DAVIDEN BOY TOO Jana Davidson	CONTURE LANGE								
	TOU O IJJU AT TO THE									

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STATE OF MARYLAND / DEP	ARTMENT OF	HEALTH AND	MENTAL	HYGIENE
CERT	IFICATE O	F DEATH		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAI		NT OF HEALTH AND		YGIENE EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Katharine	ANTK	OWIAK		2. DATE OF D	/ 1°7 / 9°6	3. TIME OF DEA	Рм
	4. SOCIAL SECURITY NUMBER 220 - 03 - 8823	10 M 2 XF 86	Q YRS. MONTH		7. DATE OF B (Month, Day	-1907	BIRTHPLACE (State or I	Foreign
u l	FRANKLIN STEEDENCE OF DECEDENT	SQUAPE H	-05p. 96. CI	ESSEX	EATH	Balti	imore Cour	ıty
DINECTOR	10a, STATE 10b, COUNTY	′	BAC	N OR LOCATION			10d. INSIDE CIT LIMITS? 1 YES 2	NO
LONEHAL	3/29 Dill			101. ZIP CODE 2/22	4	U	· J.A ·	
5	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	IS. WAS DECENDENT OF HISPA If yes, specify Cuben, Maxic 1 YES 2 NO Speci	en, Puerto Ricen		RACE — American Inc Black, White, etc. Specify: WHITE	llen,
COMPLEIED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		6a. DECEDENT'S USUAL (Give kind of work do. ife. Do NOT use retired	ne during most of working	16b. KIN	D OF BUSINESS/INDUST	IRY	
	17. FATHER'S NAME (First, Middle, Last)	V LEE	MOUSEU	18. MOTHER'S N.	AME (First, Middle NKIVO	o, Melden Sumeme)		
IO BE	19a. INFORMANT'S NAME (Type/Print) LINDA EMI	Rick	196. MAILING ADDR	ESS (Street and Number or Rural RIVERSIDE		ity or lown, State, Zip Co.	4D. 212	2/
	20a METHOD OF DISPOSITION 1 Serial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		PLACE OF DISPOSITION other place).	72. V A-	y.	20c. LOCATION — City BALTO	MD.	
	21. SIGNATURE SE FUNERIAL SERVICE LI	Starde	1	HOFFMAUN	SKAR	DA 3218	400.,000 HUPSON	X1724 ST.
	23. PART I. Enter the disease, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused List only one cause on each	ch line.	ter the mode of dying, su	ch an cardinc	or reapiratory arrest	interval	mata Between nd Death
HILLAHON	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
CEHIL	that initiated events resulting in death) LAST	d						
PHYSICIAN: MEDICAL	PART II. Other significant condition	a contributing to death bu	t not resulting in the	underlying cause given in		NAS AN AUTOPSY PERFORMED?	24b, WERE AUTOPSY AWAILABLE PRIC COMPLETION OF OF DEATH? 1 YES 2	F CAUSE
N.								
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C				
12	1 YES 2 NO 27. MANNER OF DEATH	28e, DATE OF INJURY	28b. TIME OF	Nursing Home 5 Residence 28c. INJURY AT	_	BE HOW INJURY OCCUP	RED	
2 Accident investigation 2 Accident investigation 28. PLACE OF IN HIBY At home form stread factory office. 28. PLACE OF IN HIBY At home form stread factory office.								
ETED	4 Homicide determined	building, atc. (Specif	y)		City or %	own, State)		
COMPLETED	CONSULT OFFIN	SICIAN: To the best of my knowle ER: On the beels of examination						P atated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTURE	IL MD PI	5Y-I	29c. LICENSE N			SIGNED (Month, Day, Yes	er)
-	30. NAME AND ADDRESS OF PERSON WI Jim Polk M.D.	9000 Franklin	Square Di	rive Baltimor	e, Mar	yland 2123	7	
	31. DATE FILED (Month, Day, Year) JUL 19 '9	32. REGISTRAR'S SIGNA	TURE Pande	02				

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ŀ	9a. FACILITY

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND	MENTAL HYGIEN	E	
1. DECEDENT'S NAME (First, Middle, L	nat)			2. DATE OF DEATH		3. TIME OF DEATH
NOHIBY	Adkins			MC NTHOM	9 O	8 20A M
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) FU	INDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIR	THPLACE (State or Foreign
212-18-4389	1 K M 2 □ F 7(O YRS. MONT	THS DAYS HOURS MIN.	(Month, Day, Year) 11/02/19		virginia
Sa. FACILITY NAME (If not institution, g		9b.	CITY, TOWN OR LOCATION OF E	DEATH	9c. COUNTY OF	DEATH
Har ford Mu	morial Hos	. Q.	Dyre de G	92070	Harfo	ord
RESIDENCE OF DECEDENT		100 CITY TO	WN OR LOCATION			10d, INSIDE CITY
Maryland	Harford	Abero				LIMITS?
10s. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN O	WHAT COUNTRY?
605 North Para	adise Road		21001		U.S.	Α.
11, MARITAL STATUS	12. WAS DECEDENT EVER I		13. WAS DECENDENT OF NISPA		or No 14. RA	CE American Indian, ack, White, atc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR C		1 YES 2 NO Spec		Sp	ocity: hite
15. DECEDENT'S		18a. DECEDENT'S USUA	AL OCCUPATION	186. KIND OF BU	SINESS/INDUSTRY	ince
(Specify only highest g Elementary/Secondary (0-12)	grade completed) College (1-4 or 5+)	(Give kind of work of life. Do NOT use reti	done during most of working red.)			
10	0	Sheet Meta	al Finisher	Haze	lton Sys	stems
17. FATHER'S NAME (First, Middle, Last)		18. MOTNER'S N	AME (First, Middle, Maiden	Surname)	
Walter Adkins			I N	Mannie Suff	in	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street and Number or Rura	I Route Number, City or Tow	n, State, Zip Code)	
Mrs. Cledys Ad			h Paradise Ro			21001
20s. METNOD OF DISPOSITION 1 M Buriel 2 Cremetion 3 C	Removal from State	other place)	N (Name of cometery, crematory or norial Gardens		cation – city or Aberdeer	
4 Donation 5 Other (Specify) 21. SIGNATURE OF PHINAL MENTS		natioid ne	22 NAME AND ADDRESS OF E	ACILITY		
· Sohuson	1. Comme		Tarring-Card Aberdeen, Ma		Home, P. 001-3399	
23. PART I. Enter the diseeses,	or complications that couse	d the deeth. Do not e			iretory arrest,	Approximate
shock, or heert fall IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Due to (09748	R CONSEQUENCE OF):	F. Cardi	ac arre	pst	Interval Between Onset and Death
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST						
PART ii. Other algnificant cond	litiona contributing to death	but not resulting in th	ne underlying cause given i			24b. WERE AUTOPSY FINDINGS
				PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
					2 10	OF DEATH?
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:	01	26. PLACE OF DEATH (Check only one)		
1 TYES 2 NO	1 Inpatient 2 ER/Ou		Nursing Home 5 Residence			
27. MANNER OF DEATH 1 Netural 5 Pending		28b. TIME OF INJURY	28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED	1
2 Accident Investigs 3 Suicide 8 Could no	28e. PLACE OF INJUR	IY — At home, farm, stree	it, factory, office	281. LOCATION (Street City or Town, State		rel Route Number,
4 Homicide determin				Oly or Jown, Glate	,	
[Critical strill)	PNYSICIAN: To the best of my kno					se(s) and manner as stated.
296. SIGNATURE AND TITLE OF CEN	PEN /	11	29 _C LICENSE H	UMBER	29d. DATE 9608	to much on man
30. NAME AND ADDRESS OF PERSO	N WNO COMPLETED CALLES OF T	SEATH OTEM 27 Con Miles	1 1020	661	1	TIXV.
T. T. Lal.	3/95.4	won T	To Have	do Gra	4.1	M.D.
31. DATE FILED (Month, Dey, Year)	92. REGISTRAR'S SIG	don-Randale	V			
111 23 90	() Carriage	actor - No. In-				DHMH-16 Ray 1/89

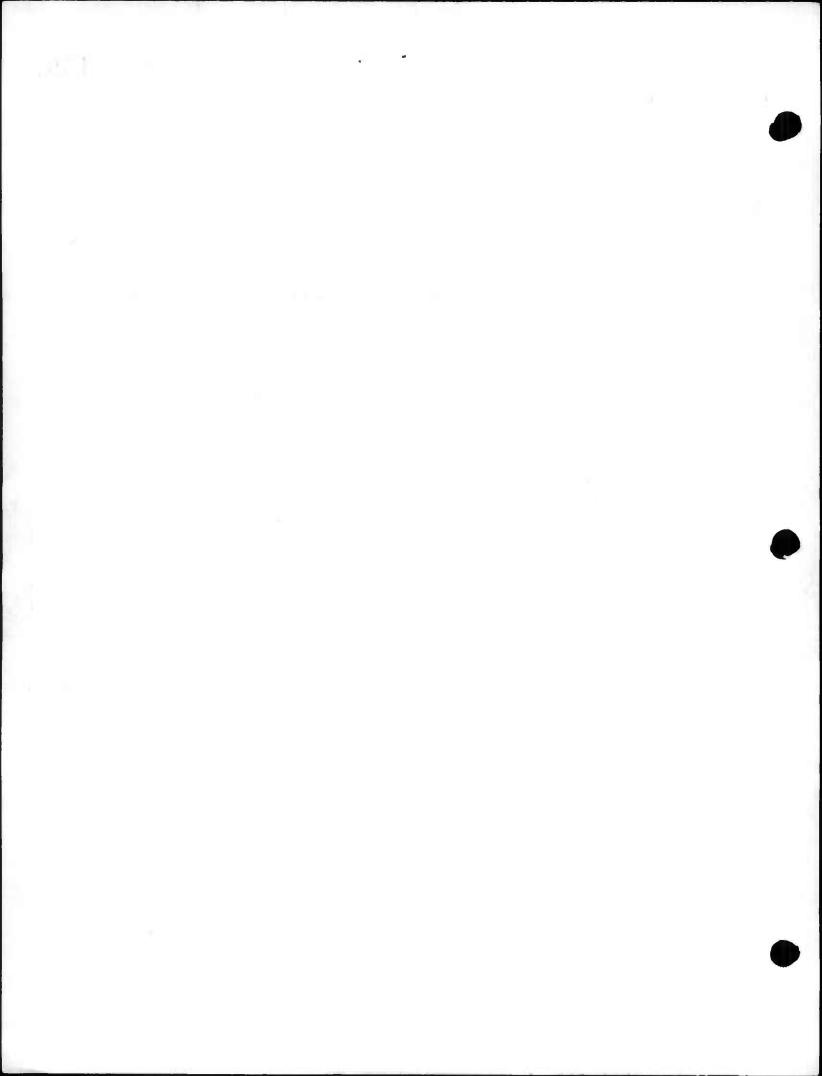
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89



DHMH-16 Rev 1/89

attending physician. Ise as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21203-3146

FOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certilicate be executed within 24 hours after death. Fage 6 may be retained by the hospital of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH
	MARY BORZUCHOWSKA JULY 25 1990 P
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) if under 1 YEAR if under 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign
	214 01 4103 1 M 2 XF 85 YRS. MONTHS DAYS HOURS MIN. 4 22 1905 ND.
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF CEATH
TOR	108 PINECREST DR. ANNAPOLIS ANNE ARUNDEL
DIRECTOR	106. STATE ND . 106. COUNTY BALTIMORE CITY BALTIMORE BALTIMORE 110. CITY, TOWN OR LOCATION BALTIMORE 110. CITY X LIMITS? 1 VES 2 NO
FUNERAL	106. STREET AND NUMBER 51.4 S. GLOVER ST 107. ZIP CODE 21.22.24 109. CITIZEN OF WHAT COUNTRY? USA
ВУ	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If YES, GIVE WAR OR DATES 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, Whith Left TE Specify: 15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 16. RACE — American Indian, Black, Whith Left TE Specify:
COMPLETED	15. DECEDENT'S EQUICATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +j DOG/VE TAILDER 16a. DECEDENT'S USUAL OCCUPATION (She kind of work long during most of working life. Do NOT use netled.) DOG/VE TAILDER DOG/VE TAILDER DOG/VE TAILDER
M	7 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname)
BE	JULIAN BORZUCHOWSKA CLEMENTINA BERHERT 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
2	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon
	IRENE L. WINTERS 108 PINECREST DR. ANNAPOLIS MD. 21403 20s. METHOD OF DISPOSITION (Name of cometory, cremetory or 20c. LOCATION — City or Town, State
	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or place) 1 TROPOLITAN CREMATORY 20c. LOCATION — City or Town, State ALEX.
	22. NAME AND ADDRESS OF FACILITY AYLOR FUNERL CHAPEL
1112	Sandle & Lytin ANNROLIS MARYLAND 21401
	23. PART I. Enter the diseases, or complications/that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fine)
	IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth) a. Metastatic Causer to lung and 6the 3 mo
z	Breast Causer
CERTIFICATION	Sequentially list conditions, If any, leading to immediate
CA	cause. Enter UNDERLYING CAUSE (Disease or injury
T	that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in deeth) LAST
H	d.
	PART ii. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PREFORMED?
DICAL	1 VES 2 NO COMPLETION TO COMPLETION TO FAUSE
MEC	1 TYES 2 NO
ä	
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: 28. PLACE OF DEATH (Check only one)
Z	HOSPITAL: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Hursing Home 6 Masidence 6 Other (Specify)
PHYSICIAN:	27. MANNER 9F DEATH 28a. DATE OF INJURY (Month, Day, Vear) 28b. TIME OF INJURY AT WORK? 1 Vest 2 NO
BY	2 Accident Investigation 28e PLACE OF INLIBRY At home farm street factory office. 28t LOCATION (Street and Number of Rural Bodie Number
TED	3 Suicide 5 Could not be determined 5 Could not be determined 6 Could not be determined
ZE	TERRIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
COMPLET	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placs, and due to the cause(a) and manner as stated.
	290. LICENSE NUMBER 29d. DATE SIGNED (Month Day, Year)
) BE	10 les Meller hus 11/653 1-7-26-90
5	38-NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
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3. TIME OF DEATH

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25 Shaw Street, Annapolis, MD 21401

BIRTHPLACE (State or Foreign Country)

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

JOHN W. OVEREND

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DIVISION OF VITAL RECORDS, P.O.	TAIL OD ATTENDIAL DAVKICIAN. The law remires that the death certificate be executed within 24.
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	10e. STATE	10b. COUNT	r		10c. CIT	Y, TOWN OR	LOCATIO	N			10d. INSIDE CITY
ı	Maryland	- 5	Sherw	rood	Fores	t		1 TYES 27 NO			
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LONGHAL	239 Nottir	ngham						21405		U.S	
	11. MARITAL STATUS 1 Never Merried 2	Married	12. WAS DECEDEN FORCES? 4	YES	2 NO			DENT OF HISPAN fy Cuben, Mexican			. RACE — American Indian, Black, White, stc.
<u>a</u>	3 Widowed 4 Dive	proed	1942 -			1[YES 2	NO Specify.			Specify: White
	15. DEC	CEDENT'S EDU	CATION	-	8e. DECEDENT'S				18b. KINI	OF BUSINESS/INDUS	
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COMPLET	,		4		Engi	neer			Me	chanical	
	17. FATHER'S NAME (First, M	Aiddle, Last)					1	6. MOTHER'S NAM		, Maiden Surneme)	
	Clarence	Over	end					Marg	uerit	e Reed	
	19e. INFORMANT'S NAME (Street end			ty or Town, State, Zip Co	21405
=	Karen Cli	ine		47	239 1	Votti	ngh	am Hil	1, Sh	erwood F	orest, MD
	20e. METHOD OF DISPOSIT 1 ☐ Burlel 27 Cremetic		oval from State	20b. P	LACE OF DISPO	SITION (Name	e of cemet	ery, crematory or		28c. LOCATION — CN	y or Town, State
ı	4 Donation 5 - Other	r (Specify)	. 0	/M	etrop			remato		_Alexand	ria, VA
-	22. NAME AND ADDRESS OF FACILITY Taylor Funeral Chapel 21401									0- 40-	
- 1	Towner	$\nu_{\mathcal{A}}$	1. 10	1			_			-	21401
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Betw										
	shock, or h IMMEDIATE CAUSE (Fit		List only one cau	a on aac	h line.			(0		Ô	intarvai Baty Onset and D
I	diseasa or condition	→	. [LOA	ani	c 1	24	reute	W A	oleno	1/4006
	reaulting in death)	,	DUE TO	OR AS A C	ONSEQUENCE O	归 :	0		7 *		
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3	Sequentially tlat condit if eny, leeding to imme	dlate	DUE TO	1	ONSEQUENCE O	F):					
3	cause. Enter UNDERLY CAUSE (Disease or inju		C	- //	lys o	un					Year
ERTIFICATION	that initiated events DUE TO (OR AS A CONNEQUENCE OF): resulting in death) LAST										
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اد	PART II. Other significa	ent condition	na contributing to	death but	not reaulting	in the und	eriying o	cause given in	Part I. 24s	WAS AN AUTOPSY	
O	PART li. Other significa	ent condition	na contributing to	death but	not reaulting	in the und	eriying o	cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAU
O	PART II. Other significe	ent condition	na contributing to	death but	not reaulting	in the und	eriying c	cause given in		PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
MEDICAL C	PART II. Other significa	ent condition	na contributing to	death but	not reaulting	in the und	eriying c	cause given in		PERFORMED?	24b. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
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1990 32 ELETRICATURA LANGUE

S. David Krimins, M.D.

31. OATE FILED (MOTULEY, 2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2. DATE OF DEATH MONTH DAY

26,

1990

July

DHMH-16 Rav 1/89

10 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 rours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the transfiling physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. Of relation and weilligh in yours, or other fraumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTE	THE FUNERAL DIRECTOR	filed within 72 hours are

STATE O	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIEI	NE
	CI	ERTIFICATE	OI	F DEAT	H		REG. NO	٥.

	1 - BEGISTHAR	TATE OF MARYLA	ND / DEPARTM			ENTAL HYGIENE REG. NO.	E		
	1. Decedent's Name (First, Middle, Last) Raymond W. Booth 2. Date of Death WORT / 23/90 YEAR								
į	215-09-2838	SEX 6. AGE (H	7. DATE OF BIRTH 12/28/15	6. BIRTHPLACE (State or Foreign Mary Land					
OR	90. FACILITY NAME (If not institution, give street North Arundel Hosp:	тн	ec. county of beath Anne Arundel						
FUNERAL DIRECTOR	10MBATE 10ACHUY A	rundel			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
ERAL	1050 FEBRITIES Road			101.	zip co021090		1007 CITYENA	F WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 12. 1 Never Married 2 Married 3 Nidowed 4 Divorced	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, spe	ENDENT OF HISPANIC celfy Cuben, Mexicon, 2 — NO Specify:	ORIGIN? (Specify Yea Puerto Rican, etc.)	a or No- 14. RACE - American Indian, Black, White, atc. Spe@aucasian		
COMPLETED	15. DECEDENT'S EDUCATIK (Specify only highest grade com Elementary/Secondary (0-12) Co		16a. DECEDENT'S USI (Give kind of work life. Do NOT use re Sales Re	done during mos tired.)	of working	Chesap.			
	17. FATHER'S NAME (First, Middle, Last) OSCAT E. BOOTH				16. MOTHER'S NAME Ruth Durl	E (First, Middle, Melden : nam	Surname)		
TO BE	19a. INFORMANT'S NAME (Type/Print) Mrs. Virginia Boot	h	196. MAILING AD 504 Ship			une Number, City or Town Linthicum			
	20a. METHOD OF DISPOSITION 1	from State Me	PLACE OF DISPOSITION OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE OF CITE O	tory		Catons	cation — city of sville,	MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Asar.	love &		Funeral			rk MD 21146	
	23. PART / Enfar the diseases, or come shock, or heart failure. List IMMEDIATE CAUSE (Fine disease or condition resulting in death)	Only tine cause on as	Thelis		da of dying, such	as cardlec or respi	ratory arreat,	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL (PART II. Other significent conditions of	ontributing to deeth b	ut not resulting in	the underlying	g cause given in P	Part i. 24a. WAS AN PERFOR	RMED?	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIA		OSPITAL:		THER:	ACE OF DEATH (Chec				
ву РНУ	27. MANNER OF DEATH 1 Netural 6 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WC	URY AT PRK? YES 2 NO	26d. DESCRIBE HOW I	NJURY OCCURE	D	
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Spec	At home, farm, stre	et, factory, offic	•	26f. LOCATION (Street of City or Town, State)		ural Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C	N: To the best of my know On the bests of examination						use(a) and menner as stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CENTALES	N	9	9	29c. LICENSE NUM	fog	29d. DATE 810	NED (Month, Day, Year)	
F	1400 S. Cra	in Hwu	. Gler	1000	rnie,	md.	2100		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	Arndall			A. I			

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2—Nous after death. Page 6 may be retained by the intending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netfilled at once.

1	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH	MENTAL HYGIEN REG. NO.	E
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH MONTH DA	(¥

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	1. DECEDENT'S NAME (First	t, Middle, Last)								2. DATE OF DEAT	DAY	YEAR	3. TIME OF DEATH	ł
	ZACK		BREWER							07	21	90	02:02 M	4
	4. SOCIAL SECURITY NUMBER	BER	6. SEX		s. lest birthday)	MONTHS	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTI (Month, Day, Ye	er)	8. BIRT	HPLACE (State or Foreign (ry)	1
	222-22-9161		1 ⊠ M 2 □ F	50	YRS.					10-30-3		NC		
_	9a. FACILITY NAME (If not in							OR LOCATI		ATH		UNTY OF I	RE CITY	ı
DIRECTOR	THE JOHNS H		BALTIMORE CITY			,111		DAL	TIMOI	CE CIII				
2	RESIDENCE OF DE	10b. COUNTY	,		10e Cr	TY, TOWN	OB LOCA	TION					10d. INSIDE CITY	┨
<u>E</u>	MD Anne Arundel Pasadena									LIMITS?	ı			
	10e. STREET AND NUMBER		at under		Pas	aden	_	of, ZIP COD	E	40- CITITEN OF W			1 YES 2 NO	-
RA	8439 Alvin						- "				log. Ci			ı
FUNERAL	11, MARITAL STATUS	Roau	12. WAS DECEDEN	IT FUED IN II C	ADMED	140	WW 0 DC		122	IIC ORIGIN? (Speci	b. Man as Man	7	SA E — American Indian,	4
	1 Never Married 2 SE Married FORCES? 1			YES 2	□ NO	13.	If yes, s	pecify Cubi	ın, Maxica	n, Puarto Rican, ate		Blac	k, Whita, etc.	1
B≼	3 Widowed 4 Div		IF YES, GIVE	AAR OR DATES			1 U YE	S 2 1 NO	Specify	r.		Spec	white	н
		CEDENT'S EDUC		164	. DECEDENT					16b. KIND O	F BUSINESS/II	NDUSTRY	MILLOC	1
COMPLETED	(Specify on Elementary/Secondary (ly highest grade 0-12)	completed) College (1-4 or 8	+)	(Give kind of life. Do NOT	work done use retired.)	during m	nost of worki	ng					ı
7	12		+		Analyt	ic T	echr	nicia	n	Natio	nal Se	curi	tv Agency	
0	17. FATHER'S NAME (First, A	Aiddle, Last)						_		ME (First, Middle, M			<u> </u>	1
0	George C. B	rewer						Bur	na Si	mith				ı
BE	19a. INFORMANT'S NAME (Type/Print)			19b. MAILIN	G ADDRES	SS (Street			Route Number, City of	or Town, State, 2	Zip Code)		7
2	Mrs. Nancy	L. Brev	wer		Same	as #	10							1
	200. METNOD OF DISPOSIT			20b. PL				ametery, cre	matory or	20	C LOCATION	City/of 1	own, Stata	7
	1 Donation 5 Othe		oval from State	MI	ACE OF DISPO	ans	COME	SEE V	laby	Y	KOWASY		MD	1
	21. SIGNATURE OF FUNER	C SERVICE LIC	CENSEE					AND ADDRE						1
	Defet	5.		//		В	ərra	nco a	Soi	ns Sever	na Par	k, M	D 21146	ı
	23. PART I. Enter the c					not ente	or the m	ode of dy	ing, suc	h as cerdiec or	respiratory a	rreat,	Approximate	٦
	IMMEDIATE CAUSE (FI		List only one cs	use on eech	nne.								interval Between Onset and Desth	
	disease or condition resulting in death)	→	Eso	PHAGE	EAL	CA							8 MOS.	П
	resoluting in country		DUE TO	OR AS A CO	NSEQUENCE	OF):								1
z														
OIT.	if sny, leading to imme	Sequentially list conditions, If any, leading to immediate									1			
3	ceuse. Enter UNDERLY CAUSE (Disesse or inj		c			-12								4
H	that initiated events resulting in deeth) LAS	ST	DUE TO	O (OR AS A CO	NSEQUENCE	OF):								1
ER	Tooliting III Gootily Ex		d											-
MEDICAL CERTIFICATION	PART II. Other signific	ent condition	ns contributing to	deeth but	not resulting	in the u	underlyi	ng csuse	given in		AS AN AUTOPS	Y 24	b. WERE AUTOPSY FINDINGS	1
S	ANEMIA										ERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
E										''''	co a po no		OF DEATH? 1 ☐ YES 2 ☑ NO	d
2										_			- William	1
M	25. WAS CASE REFERRED	TO MEDICAL					26.	PLACE OF	DEATN (C)	neck only one)				┪
PHYSICIAN:	EXAMINER? 1 YES 2 YOU		HOSPITAL:	☐ ER/Outpatie	nt 3 🗆 DOA	OTHE		ome 8 🗆 F	lesidence	8 Other (Specif	v)			7
Ή	27. MANNER OF DEATH		28a. DATE O	FINJURY	28b. T	IME OF	28c. II	NJURY AT		28d. DESCRIBE	··	CCURED		┪
		Pending Investigation		21(90	20	NJURY PM		YES 2	□ NO					1
) BY	2 Accident 3 Suicide 8	Could not be	28e. PLACE	OF INJURY — I, etc. (Specify)	At home, farm	, street, fa	ctory, of	fice		281. LOCATION (: City or Town,		ber or Rura	Route Number,	٦
COMPLETED	4 Homicide	detarmined	Dullaring	it arm (choons)						Only or rown,	Sterey			1
E	29a. CERTIFIER 1 DE CER	TIFYING PHYS	ICIAN: To the best of	of my knowleds	se, death occu	rred at the	lime, de	ata and plac	a. and du	lo the cause(s) as	nd manner as a	stated.		٦
MP	(Uneck only				The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s					No. of Princes			(a) and manner as stated.	1
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2	30. NAME AND ADDRESS	OF PERSON WA	O COMPLETED CA								- ()0.131		21110	-
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	31. DATE FILED 1917, 2	(Mar)4000	32 NEGISTA	AR'S SIGNATE	DE AL MA	10140	J-161	41 12			TOICHIVE		51502	-
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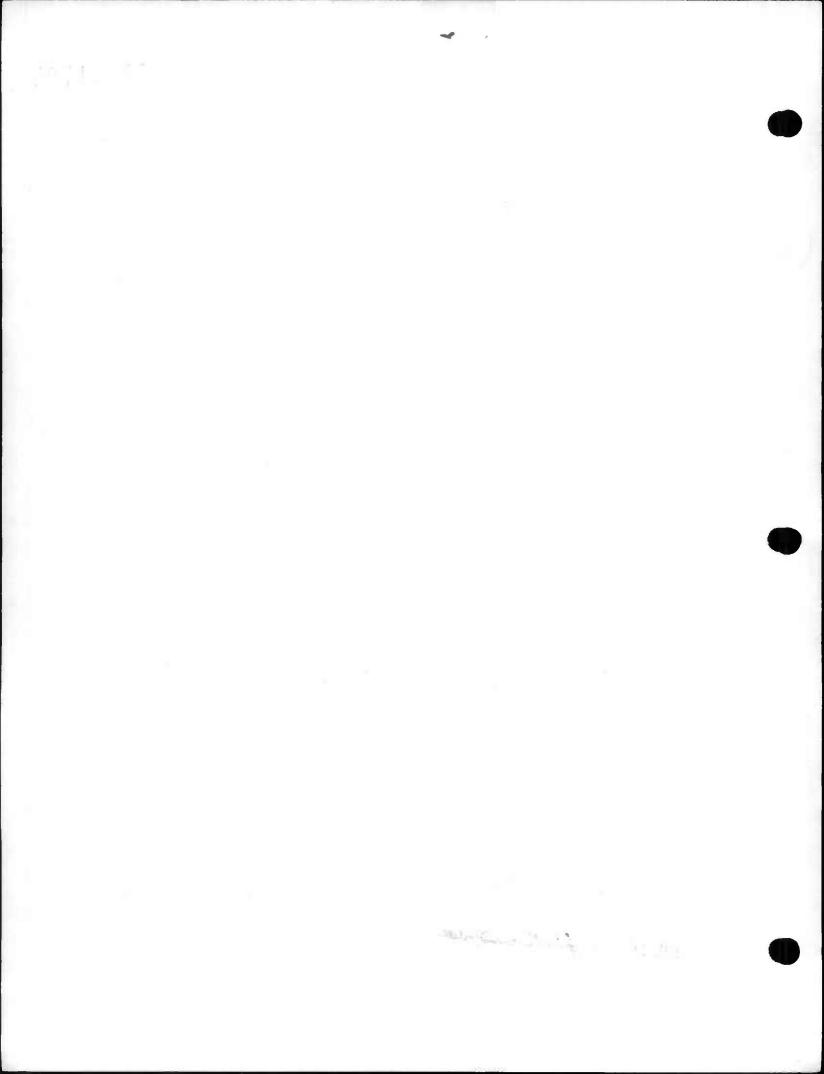
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requires that the de	been signed by the att	shows any injury,
e law requires that the de	has been signed by the att	23 shows any injury,
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CIAN: The law requires that the de-	ertificate has been signed by the att	or item 23 shows any injury,
HYSICIAN: The law requires that the de-	is certificate has been signed by the att	ed, or item 23 shows any injury,
G PHYSICIAN: The law requires that the de-	er this certificate has been signed by the att	narked, or item 23 shows any injury,
VDING PHYSICIAN: The law requires that the de-	After this certificate has been signed by the att	Is marked, or item 23 shows any injury,
ITTENDING PHYSICIAN: The law requires that the de	CTOR: After this certificate has been signed by the att	28 is marked, or item 23 shows any injury,
OR ATTENDING PHYSICIAN: The law requires that the de-	DIRECTOR: After this certificate has been signed by the att	tem 28 Is marked, or item 23 shows any injury,
TAL OR ATTENDING PHYSICIAN: The law requires that the de-	AL DIRECTOR: After this certificate has been signed by the att	If item 28 is marked, or item 23 shows any injury,
SPITAL OR ATTENDING PHYSICIAN: The law requires that the de-	NERAL DIRECTOR: After this certificate has been signed by the att	NT: If item 28 is marked, or item 23 shows any injury,
E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the de	E FUNERAL DIRECTOR: After this certificate has been signed by the att	Willing the same death will be same begin or really make the result will be same that the same same same same same same same sam
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four death. Page 6 may be retained by the hos	TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the second of the funeral director, page 5 should be detached to the second of the funeral director.	the lifeth Willim 12 inches are used with the Sake copt, or recent and injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / I CE	DEPARTMENT OF H RTIFICATE OF		MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)		gwn		2. DATE OF DEATH	90 YEAR	3. THEOF DEATH DIM
	Emerson	m /	320 WN		772	2290	1213 PH
		SEX 6. AGE (In yrs. lest I	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH (Month, Day, Year)	B. BIRTH Country	PLACE (State or Foreign
	216 10001	2 F 6 Y	YAS.		Ap - 7, 1	926	Nd.
_	9e. FACILITY NAME (If not institution, give street	and number)	9b. CITY, TOWN C	R LOCATION OF DE	ATH [®]	9c. COUNTY OF D	EATH
DIRECTOR	RESIDENCE OF DECEDENT	en / 4 ospilal	Ca	mbric	1ge	Dorch	es /e-
5	10a. STATE 10b. COUNTY	1 4	10c. CITY, TOWN OR LOCAT	ION	,		10d, INSIDE CITY LIMITS?
	Md. Do.	rchesle-	Cambr	idge			1 TES 2 NO
FUNERAL	10a. STREET AND NUMBER	2161	1 101	ZIP CODE		10g. CITIZEN OF V	THAT COUNTRY?
Ä	3350 H. Leys	Rd. Cambri	dge/VU.	2-16/_	5	4.)	H.
5	11. MARITAL STATUS 12 1 Never Married 2 Married	2. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 TYES 2 PAGE	If yes, sp	ecify Cuben, Mexica	IIC ORIGIN? (Specify Yea n, Puarto Rican, etc.)	Black	American Indian, , White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 U YES	2 PNO Specify	r.	Speci	Black
ED	15. DECEDENT'S EDUCAT (Specify only highest grade con	ION 16a. DEC	EDENT'S USUAL OCCUPATION IN THE PROPERTY OF STREET	ON st of working	16b. KIND OF BUS	SINESS/INDUSTRY	
COMPLETED		College (1-4 or 5+)	Do NOT use retired.)	at or working			
MP							
	17. FATHER'S NAME (First, Middle, Lest)	D		18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	
BE	19a. INFORMANT'S NAME (Type/Print)	Drown	MAILING AOORESS (Street a	and Mumber or Burni	Boude Number Olly or Tou	n State 7 in Code	
임	6 - CO R	WW 5	350 A:-	Q 2	1. Camb	- Jeen	1012/6/3
	20s. METHOD OF DISPOSITION	20b. PLACE O	F DISPOSITION (Name of cell	/		CATION - Only or To	
	1 Burial 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	of from State other place	Pleasant	Cene	- Sa	lem 1	76.
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	22. NAME AI	ID AODRESS OF FA	CILITY	0	,
	> Ganelle (- Henr Bus	-k Her.	y For	excelled an	no Camk	Md.
	23. PART I. Enter the diseases, or con	nplications that caused the deep it only one cause on each line.	th. Do not enter the mo	de of dying, suc	h es cardiec or resp	iretory errest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final	t biny one couse on each line.	Shy Dra	ager Sy	ndrome		Onset and Death
	disesse or condition resulting in death) s	Dhy DAAC	yer Syr	volzo			
		PA TO (OR AS A CONSEQUE	DENCE OF: REST	irator;	y Failure	•	
NO N	Sequentially list conditions, b	DUE TO (OR AS A CONSECU	UENCE OF):	Dulmo	nary Eder	20	_
YAT	if any, leading to immediats cause. Enter UNDERLYING	Pulmon	Elen,		nan'y mass	II.d.	1
Ē	CAUSE (Disesses or Injury that initiated events	OUE TO (OR AS A CONSEQU	UENCE OF):	Pr	obable Se	epsis	
CERTIFICATION	resulting in daeth) LAST	6400 LOV	Seps	15		•	
-	PART II. Other significant conditions of	contributing to death but not re	suiting in the underlyin	g cause given in	Part I. 24s. WAS AN	AUTOPSY 24b	WERE AUTOPSY FINDINGS
CA	Escplegent	Stricture)		icture PERFOI		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MED	Reflux/AS	pination s	54 Nol7one				1 TYES 2 NO
ä	Reflux Aspira	ation Syndrom	é				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	26. P	LACE OF DEATH (Ch	eck only one)		
YSI		□ Inpetient 2 □ ER/Outpetient 3 □	□ DOA 4 □ Nursing Hom		6 C Other (Specify)		
	1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	INJURY WO	URY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURED	
ВУ	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY — At hon			28f, LOCATION (Street	and Number or Rural	Route Number.
TED	4 Homicide 6 Could not be detarmined	building, etc. (Specify)			City or Town, State;		
LET	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowledge, dea	ith occurred at the time, date	and place, and dua	to the cause(s) and ma	nner as stated.	
COMPL	(Oracon ora)	On the basis of axemination and/or in					a) and manner as stated.
ECC	29b. SIGNATURE AND TITLE OF CERTIFIER	30 .		29c. LICENSE NUI	MBER	29d. DATE SIGNED	(Month, Day, Year)
0 8	Illesteck	elen ms		026	388	17-7	2-90
F	30. NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE OF DEATH (ITEM	1 27) (Type, Print)	allow 120			
	THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PA	Too property and the					
	31. DATE FILED (MONTH 27) 275 '90	32. REGISTRARY SIGNATURE	n-Handell				

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	person on errenance parcellant. The law requires that the death certificate he executed within 28
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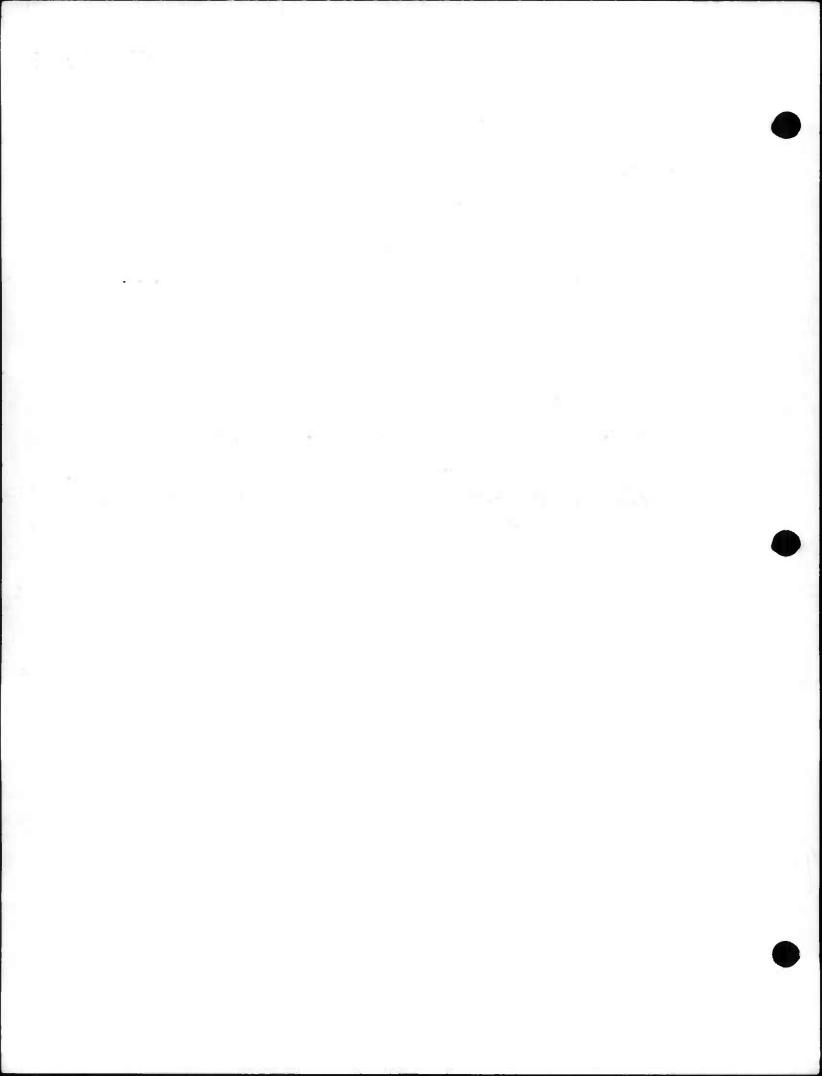
		FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPAR CERTIF	TMENT OF H	IEALTH AND N	MENTAL HYGIE REG. N				
	1	1. DECEDENT'S NAME (First, Middle, Last)	ole Barke	r			2. OATE OF OEATH MONTH	9 90	3. TIME OF DEATH		
		. 1111 0- 1 -01		n yrs. lesi birthday) 73 yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month), Day, Year)	16 E	BIRTHPLACE (State or Foreign Country NGLAND		
2. 3 should	OR	9a. FACILITY NAME (If not institution, give stre ANNE ARUNDEL M)		TER	ANNAP	OLIS	ATH	ANNE	ARUNDEL		
	DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY MD ANNE	ARUNDEL	1000	Y, TOWN OR LOCAT		-		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
sit permit	FUNERAL	10e. STREET AND NUMBER 29 WEST WASHI				21401			OF WHAT COUNTRY?		
ing physician. the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ADMED	Il yes, sp	ENDENT OF NISPAN ecity Cuban, Maxices NO Specify	n, Puerto Rican, etc.)	Yea or No 14.	RACE — American Indian, Black, White, atc. Specify: WHITE		
ital or attending of for use as the	LETED	15. DECEDENT'S EOUC. (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	(Give kind of life, Do NOT u	USUAL OCCUPATION Work done during mose retired.)	ON set of working		TAL HEALTH/ST.ef MI			
by the hospital be defached to at once.	E COMPLET	17. FATHER'S NAME (First, Middle, Last) ALFRED JENKI	NS	Ine	(AI ISI	18. MOTHER'S NA	ME (First, Middle, Maid UNKNOWN	len Surname)	Dinyoreer		
y be retained t age 5 should be notified	TO BE	19a. INFORMANT'S NAME (Type/Print) JOHN ALAN BAR'		1 NA	DINE PL	and Number or Rural F	ALE, W.	AUSTR	RALIA		
rector, pa		20a. METNOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Ramo 4 Donatton 5 Othes (Specify)	val from Stala M	ether place) ETROPO		REMATOR	XY AI	EXANDE	VA e		
after death. Pag by the funeral di moval.		TAYLOR FUNERAL CHAPEL, ANNAPOLIS, MD. 23. First Legier thy diseases, or comprise tons that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate									
24 hours filled in to ion, or re-		23. Figure thy diseases, or continuous abook, or heart feliure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	ist only one ceuse on e	ech line.					Interval Between Onset and Death		
ficate be executed physician and come prior to build!	CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Carcinoma of the lang									
he death he atten Mental H	CAL CEF	PART II. Other aignificent conditions	contributing to death b	out not resulting	In the underlyin	ig ceuse given in		AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
2 2 E M	PHYSICIAN: MEDICA							3 2 X NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN: The law requestrificate has been to the State Dept. of them 23 should be them 23 should be seen them 23 should be seen them 23 should be seen them 23 should be seen them 23 should be seen them 23 should be seen them 23 should be seen them 23 should be seen them 23 should be seen them 23 should be seen them.	ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Ch					
ther this certificate with the sath with the marked, or		1 YES 2 NO 27. MANNER OF CEATH Netural 5 Pending	1 Nepatient 2 ER/Outp 28a. OATE OF INJURY (Month, Day, Year)	28b. Til	ME OF 28c. IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE HO	W INJURY OCCU	REO		
TTEND TTOR: A after d	TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, etc. (Spec	/ — At home, farm,			281, LOCATION (Str City or Town, S		Rural Route Number,		
7 70 F	COMPLETE	CONSCR ONLY	CIAN: To the best of my know						cause(a) and manner as stated.		
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 IMPORTANT: II	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	7 Pes	2		D24/8	MBER 204	29d. DATE S	SIGNEO (Month, Day, Year)		
	욘	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF OR	EATH (ITEM 27) (Typ	e, Print)	1	,				
		31. DATE FILED (Mooth, Day, Year)	32. REGISTRAR'S SIGN	ATURE					.=		

	1 - STATE REGISTRAR		CE	RTIF	CATE OF	DEATH	REC	. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	_					2. DATE OF DEA	ATH DAY	MEAN	3. TIME OF DEATH
	Gladys		Benall	ack			07-2		YEAR	4:50p M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last i		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIR	PM	a. BIRTI	IPLACE (State or Foreign
	216-07-1712	1 🗆 M 2🔀 F	89	YRS.	MONTHS DAYS	HOURE MIN.	01-23	- 01	ıîï	ĭnois
	9a. FACILITY NAME (If not institution, give s				9b. CITY, TOWN	R LOCATION OF DE	ATH	90	c. COUNTY OF E	EATH
DIRECTOR	Anne Arundel Medical Center				Anna	olis		I	Anne A	rundel
<u></u>	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR LOCA	ION				10d. INSIDE CITY
급	MD Ann	e Arunde	1	Cro	wnsvil	Le				1 TES 2 T NO
A	10e. STREET AND NUMBER				10	ZIP CODE		10	og. CITIZEN OF	WHAT COUNTRY?
FUNERAL	360 South Rive					21032		\perp	US	**
5	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT I FORCES? 1				ENDENT OF HISPAI ecity Cuben, Mexica			No — 14. RAC Blac	E — American Indian, ik, Whita, atc.
B	3 Wildowed 4 Divorced	IF YES, GIVE WAS	OR DATES		1 🗆 YES	2X NO Specif	y:		Spec	White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DEC	EDENT'S	USUAL OCCUPATION WORK done during me retired.)	ON ast of working	16b. KIND	OF BUSINE	ESS/INDUSTRY	
9	Elamentary/Secondary (0-12)	Collage (1-4 or 5+)								
MP	12	1	AC	cou	ntant				nting	
8	17. FATNER'S NAME (First, Middle, Last) Otto W. Ahlgre	an .					E. Woo			
B	19a. INFORMANT'S NAME (Type/Print)	311	1 106	MAILING	ADDESS /Charle	nd Number or Rural				
2	Grace Lindeme	r				Road, 1				19720
	20a. METHOO OF DISPOSITION		_			metery, cramatory or			TION — City or T	
	1 Buriel 2 Cremetion 3 Rem	oval from State	Bald		Memor	al Com	0+0~	M	11	ofll wo
	21. SIGNATURE OF PURENAL SERVICE LA	GENSEE	///	** 1	22. NAME A	ND ADDRESS OF FA	CILITY	IVI	Tiers	ville, MD
	Datt A	Chrill	h			lesty F				
	23. PART I. Enter the diseeses, or	complications that	caused the des	th. Do r	not enter the me	de of dying, auc	h as cardiac D	reapirat	Dry arrest,	Approximate
	shock, or heart fellure. IMMEDIATE CAUSE (Finel	List Dnly Dne ceus	e on each line.							Interval Between Onset and Death
	disease or condition	Cald	Corn	rlv	ryreo	4 N	TRIT			
	resulting in deeth)	OUE TO C	R AS A CONSEO	UENCE O	F):					
z	0	. 03	Bee	d		,				
E	Sequentially list conditions, if any, leeding to immediate	OUE TO (C	OR AS A CONSEO	UENCE O	F):					
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	C	OR AS A CONSEO	HENCE O	D:					
CERTIFICATION	thet initiated events resulting in deeth) LAST		AL AG A GONGLO	DENOE O	. ,.					ļ
S		d.								
DICAL	PART II. Other eignificant condition	he contributing to d	eeth but not re	aulting	in the underlying	g ceuse given in		MAS AN AU PERFORME		b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO
Did	- RANGE	MICHE	12	100	ay or	1	1 🗆	YES 2 [NO [OF DEATH?
ME							_			1 YES 2 NO
A.	OF THE CASE DEFENDED TO HEDIOA!					1 105 05 DEATH (0				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	LACE OF DEATH (C				
ΗXS	1 YES 2 NO 27. MANNER OF DEATH	1 Impatient 2 1		28b. TIN		JURY AT	6 Other (Spec		IIBY OCCUREO	
	1 Netural 5 Pending	(Month, Day		IN.	JURY W	YES 2 NO	200. OLGONIDE	. NOW INDO	DIT GOODILE	
) BY	2 Accident Investigation 3 Suicide 6 Could not be			me, ferm,	atreet, factory, offi	28			Number or Rural	Route Number,
TED	4 Homicide datermined	building, er	tc. (Specify)				City or Town	n, State)		
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PNYS	IICIAN: To the best of n	ny knowledge, des	eth occur	red at the time, dut	end place, and du	a to the cause(e)	end manne	er as stated.	
OM	000) 2 MEDICAL EXAMIN	ER: On the beets of exe	minution and/or b	neestigati	on, in my opinion,	death occured at the	time, dete and p	lace, and c	due to the couse	(x) and menner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIE	POL.	1/1	~		29c. LICENSE NU	MBER	2	PHI. DATE SIGNE	ID (Month, Dey, Year)
TO B	20 MAME AND ADDRESS OF DEPOSIT	HO COMPLETED OF	wo	4.070.07	Orlean				_	
	30. NAME AND ADDRESS OF PERSON W			и 27) (Турн	o, Print)					
	31. DATE FILED (Month, Day, Year)	22. REGISTRA	SISION AT THE							
	31. DATE FILED (Month, Dey, Year) JUL 2 6 1990	his Davidson	Property of							



BALTIMORE, MARYLAND 21203-3146	nours after death. Page 6 may be retained by the hospital or attending physician.	od in by the funeral director, page 5 should be detached for use as the burial-trans or removal.	madical avaminar must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.	compressed to an and an item 92 shows not interest or other transmits meant the medical eventions must be motified at another transmits.

		CERTIFICA		DEATH	REG. NO			
1. OECEOENT'S NAME (First, Middle, Last)	Gertrude Ivor	clett Bro	own		2. DATE OF DEATH	DAY / O A YEAR	3. TIME OF OE	ATH
GERTRUDE	1 BROWN				7/14	1 90	9:45	PM
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.	lest birthday) IF UI	NDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTH (Month, Day, Year)		RTHPLACE (State or untry)	Foreign
224-07-3627	1 □ M 2 √ 78	YRS.	INS DAYS	HOUNE MIN.	08 10		rginia	
9e. FACILITY NAME (If not institution, give str	reet end number)	9b. (CITY, TOWN O	R LOCATION OF OE	НТА	9c. COUNTY O	F DEATH	
Southern Md.	Hospital		<u> </u>	inton		P	9.6.	
10e. STATE 10b. COUNTY		10c. CITY, TOY	WN OR LOCAT	ION			10d. INSIDE CI	TY
Maryland CHA	ARLES	Wald	Forf				1 YES 2-	- NO
10e. STREET AND NUMBER	11110	Wait		ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY	
34 Village Green	Pd Ant 10			20601		II.S.	7\	
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.	ARMED	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Ye	s or No- 14. R.	ACE - American In	dlen,
Never Merried 2 Merried	FORCES? 1 YES 24	₩o		2 NO Specify	n, Puerto Ricen, atc.)		leck, White, etc. pecify:	
Widowed 4 Olvorced				K			ucasian	
15. OECEOENT'S EOUC		DECEDENT'S USUA (Give kind of work d	ione durina mo	ON at of working	16b. KINO OF BI	SINESS/INDUSTR	Y	
Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT use retin	red.)					
7th	N/A	Homemak	ker		Hor	ne		
7. FATHER'S NAME (First, Middle, Last)		1,70		15. MOTHER'S NA	ME (First, Middle, Meide	n Surneme)		
Paul Bro	own			Grace	Taylor			
9e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street e		Route Number, City or To	wn, State, Zip Code,)	
William P. Brown		1507 Nic	cholas	Rd Wal	dorf Md	20601		
METHOD OF DISPOSITION	20b. PLA	CE OF OISPOSITION				OCATION — City o	r Town, State	
Pauriel 2 Cremetion 3 Remo			Ceme	terv	Bro	- Front tree	Marriand	
1. SIGNATURE OF FUNERAL SERVICE LICE	ENSES	-	22. NAME AN	ND ADDRESS OF FA	Brecklity Lee Fi	meral H	ome, Inc	•
· ///	11/1/1	'	663	3 Old Ale	exander Fe	erry Rd	Clinton,	Md
disease or condition resulting in death)	Out TO FOR AS A GON	BEQUENCE OF X	Park	infare	lion X	2840	a l	
If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CON	SEQUENCE OF):		HICH	ler Dr			
If smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	DUE TO (OR AS A CON	SEQUENCE OF):				N ALITOPSY PRMED?	24b. WERE AUTOPS' AMAILABLE PRICOMPLETION O OF DEATH? 1 YES 2	F CAUSE
If smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST PART II. Other significant conditions A CAUSE REFERRED TO MEDICAL 25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS A CON	SEQUENCE OF): SEQUENCE OF): ot resulting in the	e underlying		Part I. 24a, WAS A PERFC	N ALITOPSY PRMED?	AVAILABLE PRIC COMPLETION O OF DEATH?	F CAUSE
If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth) LAST PART II. Other significant conditions PREPART III. Other significant conditions According to the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the con	DUE TO (OR AS A CON DUE TO (OR AS A CON Contributing to deeth but no HOSPITAL:	SEQUENCE OF): SEQUENCE OF): ot resulting in the	26. PI	g cause given in	Part I. 24a. WAS A PERFC 1 YES	N ALITOPSY PRMED?	AVAILABLE PRIC COMPLETION O OF DEATH?	F CAUSE
If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth) LAST PART II. Other significant conditions III. Other significant conditions RES. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YNO	DUE TO (OR AS A CON DUE TO (OR AS A CON contributing to deeth but no contributing to deeth but no Because of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribut	SEQUENCE OF): SEQUENCE OF): ot resulting in the	25. Pi	g cause given in	Part I. 24a, WAS A PERFC	N AUTOPSY PRMED? 2 M NO	AVAILABLE PRICOMPLETION 0 OF DEATH? 1 YES 2	F CAUSE
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in dasth) LAST PART II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions III. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions II. Other significant conditions III. Other significant conditions III. Other significant conditions III. Other significant conditions III. Ot	DUE TO (OR AS A CON DUE TO (OR AS A CON Contributing to deeth but no Contributing to deeth but no B contributing to deeth but no B contributing to deeth but no B contributing to deeth but no B contributing to deeth but no	SEQUENCE OF): SEQUENCE OF): ot resulting in the of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of the open of t	25. PI THER: Nursing Horr 28c. INJ. WC	g cause given in	Part I. 24a. WAS A PERFC 1 YES eck only one) 5 Other (Specify)	N AUTOPSY PRMED? 2 M NO	AVAILABLE PRICOMPLETION 0 OF DEATH? 1 YES 2	F CAUSE
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation	DUE TO (OR AS A CON DUE TO (OR AS A CON Contributing to deeth but no Contributing to deeth but no Becontributing to deeth	SEQUENCE OF): SEQUENCE OF): ot resulting in the of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the seque	25. PI THER: Nursing Hom 28c. INI WC M 1	g cause given in LACE OF DEATH (Ch. 10 5 Reeldence URRY AT YES 2 NO	Part I. 24a. WAS A PERFC 1	N AUTOPSY PRMED? 2 NO INJURY OCCUREI	AMILABLE PRIN COMPLETION 0 OF DEATH? 1 YES 2	F CAUSE
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (OR AS A CONd. DUE TO (OR AS A CONd. contributing to deeth but not not not not not not not not not no	SEQUENCE OF): SEQUENCE OF): ot resulting in the of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the seque	25. PI THER: Nursing Hom 28c. INI WC M 1	g cause given in LACE OF DEATH (Ch. 10 5 Reeldence URRY AT YES 2 NO	Part I. 24a, WAS A PERFC 1 YES eck only one) 5 Other (Specify) 25d. OESCRIBE HOW	N AUTOPSY PRMED? 2 NO INJURY OCCUREI	AMILABLE PRIN COMPLETION 0 OF DEATH? 1 YES 2	F CAUSE
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1	-	FOR STATE REGISTRAR
		HEGIOTIAL

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICUS

- STATE REGISTRAR		CI	ERTIF		F DEATH	REG. N	0.		
1. DECEDENT'S NAME (First, Middle, Last	0					2. DATE OF DEATH MONTH	DAY	YEAR 3.	TIME OF DEATH
George D.	Braqunier						23		2:30 p
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. las	it birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH		8. BIRTHPL	ACE (State or Foreign
578-18-2214	1 📉 M 2 🗌 F	83	YRS.	MONTHS DAY	TS HOURS MIN.	(Month, Dey, Year) 03/13/07	7	Maryla	and
e. FACILITY NAME (If not institution, give	street end number)			9b. CITY, TOW	VN OR LOCATION OF D		_	UNTY OF DEAT	ГН
#60 third St. W	Vayson Mol	oil Park		Lc	thian	:	Ara	ne Arw	nde1
RESIDENCE OF DECEDENT 10b. COUN	ITV		I soo CIT	Y, TOWN OR LO	CATION			T 4/	· INDIAN CITY
36			106. 611						LIMITS?
On STREET AND NUMBER	ne Arunde		,	Lothia					YES 2 NO
	Tarram Mal	-11 Dorele			10f. ZIP CODE			TIZEN OF WHA	
#60 Third St. W					20711				States
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AR 1 YES 2 IN WAR OR DATES X	IMED NO	If yes,		ANIC ORIGIN? (Specify Y cen, Puerto Rican, etc.) olify:	ea or No—	1000	- American Indian, Vhite, etc. Caucasia
15. DECEDENT'S Et (Specify only highest gra		16a. DE	CEDENT'S	USUAL OCCUPA work done during	ATION	16b. KIND OF B			
Elementary/Secondary (0-12)	College (1-4 or 8	Ma	. Do NOT us	se retired.)	most or working	Washing	ton I	C Tube	erculosis
12th		Com	isary	_Atten	dent	Associa	ition		
7. FATHER'S NAME (First, Middle, Last)						IAME (First, Middle, Meide	n Surname)		
John D. Bragun	ier				Mary	S. Slack			
9e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Stre		I Route Number, City or %	own. State, Z	In Code)	
Calvin Bragunie	ar					on, Fla. 325		p 2225,	
100. METHOD OF DISPOSITION	- L				f cometery, crematory or			- City or Town	244
□ Buriel 2x Cremation 3 □ Re	moval from State	other pl	(ace)	e Crema		-	linto		, State
Donetion 5 Other (Specify)	officer.	//	Trec						
1, SIGNATURE OF PURELLA	116			6622	AND ADDRESS OF F	ander Ferr	neral	L Home	Inc.
18to	14/2	311		Clin	ton, MD 20	ander reri	у ка.	•	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	6	O (OR AS A CONSE			terios	toler	ozi	5	Lan
PART II. Other algnificant conditi	one contributing to	o deeth but not o	reaulting	in the underly	ying cause given in		AN AUTOPSY ORMED? 2 🔀 NO	AN CH Of	TERE AUTOPSY FINDINALABLE PRIOR TO OMPLETION OF CAUSE DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	B. PLACE OF DEATH (C	check only one)			
1 TYES 2 NO		☐ ER/Outpatient 3	□ DOA		Home 8 Residence	8 Other (Specify)			
27. MANNER OF DEATH	28e. DATE O	F INJURY Day, Year)	28b. TIM	ME OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OF	CCURED	
1 Natural 5 Pending 2 Accident Investigation		Day, reary			YES 2 NO				
3 Suicide 8 Could not b	28e. PLACE	OF INJURY — At he	ome, farm,	street, factory, c	office	28f. LOCATION (Street		er or Rural Rou	te Number,
4 Homicide determined		, etc. (opening)				City or Town, Sta	10)		
anal						ue to the couse(e) end m			nd manner as state
29b. SIGNATURE AND TITLE OF CERTIF	TER				29c. LICENSE NU	UMBER	29d. DA	TE SIGNED (N	fonth, Day, Year)
Thomas	-71	1	<	A	D070	779		July 2	
30. NAME AND ADDRESS OF PERSON N	WHO COMPLETED CAL	A R	14 07 Oh	China)	100 /8	0		, (42)	71-77-
					1400 0	070E			
Thomas F. Cleary	, 9131 FI	.scataway	/ Ka.	, CLIII	ton, MD 2	0735			
A DATE FILED (MA	20 0001075								

THE HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Eurs after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

27

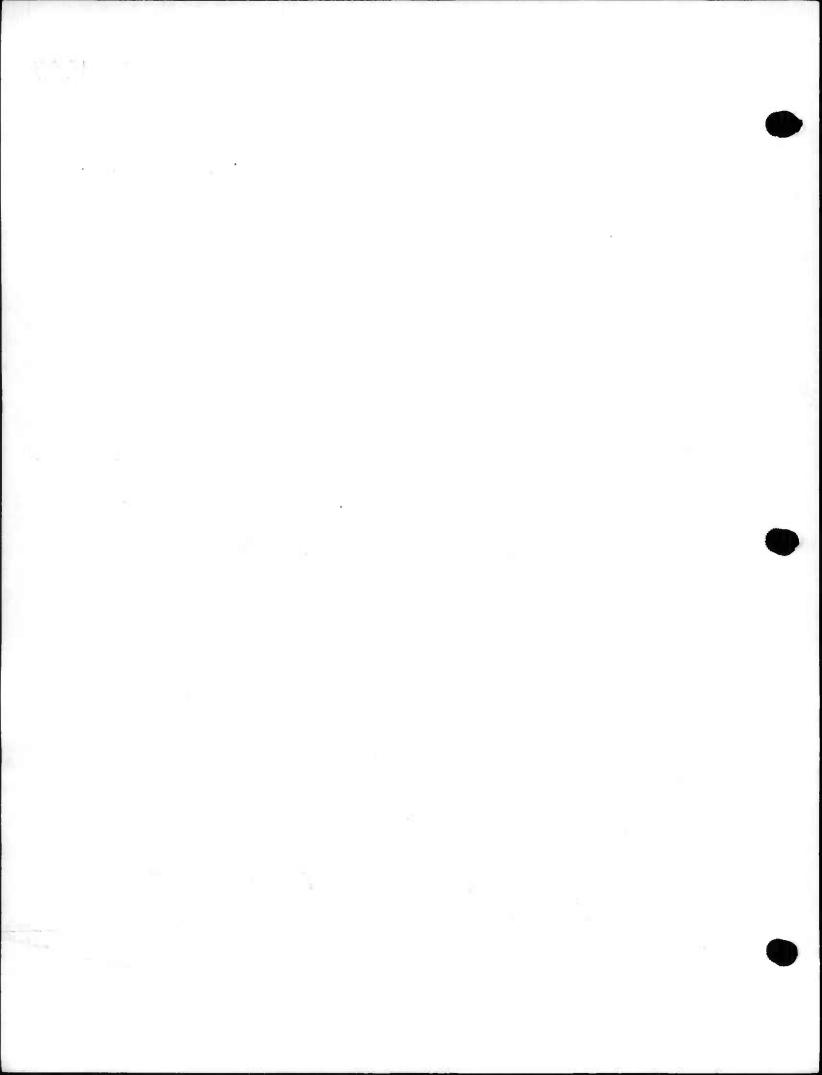
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AL DR AT	L DIRECT	If item 28
SPITAL DR AT	VERAL DIRECT	VT: If item 28
HOSPITAL DR AT	FUNERAL DIRECT	WITHIN 72 hours an
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or at	TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	De filed within 72 hours after death with the State uppl, or regulation wented hybers prior to contact, or removed. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIEN
-	REGISTRAR	CERTIFICATE OF DEATH	REG. NO
			T

	1 - STATE REGISTRAR	SIMIE UF IMA	CERTI	FICATE	OF DEATH	MENIAL HYGIEN REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		YEAR	3. TIME OF DEA	тн
	CHA	RLES HENF	RY BOUNDS			7 2		90	1:25	AM
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. lest birthda)			7. DATE OF BIRTH		8. BIRTH Countr	PLACE (State or F	Foreign
	215-26-7290	1 📈 M 2 🗆 F	64 YRS.	MONTHS	AYS HOURS MIN.	DEC. Day, Year)	925		Ñ, MD.	
	9a. FACILITY NAME (If not institution, give :	street and number)	-	96. CITY, TO	OWN OR LOCATION OF DI			NTY OF D	EATH	
O.B.	SALISBURY NURSING	HOME		SALISE	BURY, MD.		MIC	OMIC	0	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	ν	100 0	TY. TOWN OR	OCATION				10d. INSIDE CIT	, —
E I	MD. WIC	OMICO		FRUITL					LIMITS?	
	10e. STREET AND NUMBER			THOTTE	101. ZIP CODE		10g CIT	IZEN OF W	VHAT COUNTRY?	NO
FUNERAL	501 ST L	UKE RD.			21826			USA		
3	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED		S DECENDENT OF HISPA		or No-	14. RACE	E — American Ind	llan,
	1 Never Married 2 Married	IF YES, GIVE WAI	XYES 2 NO		es, specify Cuban, Mexica] YES 2 [☑ NO Specif			6.00.00	Ö-AMERI	CAN
ВУ	3 Widowed 4 X Divorced								U-AMERI	LAN
Ë	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT	'S USUAL OCC	UPATION ing most of working	16b. KIND OF BU	SINESS/IND	DUSTRY		
الا	Elementary/Secondary (0-12)	College (1-4 or 5+)	LABORE			GREEN	GIAN	IT PL	ANT	
COMPLETED	12th 17. FATHER'S NAME (First, Middle, Last)		LABOILE		Les MOTHERIS M	NAT /First Address Advisor	Cumanal			
	JESSE	BOUND			III. MOTHER 3 HA	AME (First, Middle, Meiden ESTELLA	WRI	GHT		
BE	19e, INFORMANT'S NAME (Type/Print)	DOOND	196, MAILI	NG ADDRESS (S	Street and Number or Rural					
2	MARY BOUND				ME AS ABOV					
	20a. METHOD OF DISPOSITION				of cemetery, crematory or	20c. LO	CATION -	City or To	own, Stata	
	1X Buriel 2 Cremetion 3 Ren 4 Donation 8 Other (Specify)	novel from State	WRIGHT'S	CEMET	ERY	BAC	KBONE	, RD	. EDEN	, MD.
	21. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE /	1111		ME AND ADDRESS OF FA					
	Lerotta	B Jan	Post	JU	LLEY MEMOR	TAL CHAPEL	RHRV	MD	21.801	
	23. PART I. Enter the disesses, Dr	complications that	ceused the desth. Di	nDt enter th	e mode of dying, suc	ch as cardiec or reep	Iratory ar	reat,	Approxir	nata
	ahock, or heert fallure.	. Liet only one cous	e on each line.	4		1. 0			Interval I	
	IMMEDIATE CAUSE (Finel disease or condition	Agen	an al	Cur	inpua of	the of	Low	100		
	resulting in death)	DUE TO (OR AS A CONSEQUENCE		4	V	(301-	+	
z		b			U					
일	Sequentially list conditions, if any, leading to immediate	DUE TO (C	OR AS A CONSEQUENCE	OF):						
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	C	OR AS A CONSEQUENCE	OF.						
	that initiated evente resulting in death) LAST	DUE 10 (C	THE A CONSCIOENCE	orj.					j	
CERTIFICATION		d							1	
	PART II. Other algnificant condition	ns contributing to d	leath but not resulting	g In the und	erlying cause given in	Part I. 24a, WAS AN PERFOR		24b	. WERE AUTOPSY AMAILABLE PRIO	R TO
2						1 _ YES	NO		OF DEATH?	CAUSE
ME						_		- 1	1 YES 2	NO
PHYSICIAN: MEDICAL										
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		QTHER:	26. PLACE OF DEATH (C	heck only one)				
YSI	1 TES 2 NO		ER/Outpatient 3 DO/	4 Diursir	g Home 5 - Rasidence					
	27. MANNER OF DEATH 1 Return 5 Pending	26a. DATE OF II (Month, Day		TIME OF 2	8c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OC	CURED		
BY	2 Accident Investigation		INJURY Al home, fari	n street factor	1 YES 2 NO	281. LOCATION (Street	and Numbe	e or Ruml	South Number	
COMPLETED	3 Suicide S Could not be 4 Homicide determined	building, a	tc. (Specify)	n, street, ractor	y, office	City or Town, State)	or note:	noute Number,	
LET	29a, CERTIFIER									
MP	TOTHER OTHY				e, date and place, and du nion, death occured at th				a) and manner as	stated.
8	29b. SIGNATURE AND TITLE OF CERTIFIE									
BE	200. SIGNAL OF CENTER	M (NC	10		29c, LICENSE NU	7/90	290. 504	1 Jul	Month, Day, Wa	17
9	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS	E OF DEATH (ITEM 27) (7	ype, Print)	10		1.	, - /	y - 3/	
	Eddie 4/el	Fran	V2							
D	31. DATE FINED, (MONO) Phy. Year)	122. REGISTRAF	's side The se							
V	101, 4) 30	0	1.2.12							



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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INDIA NO.	ā
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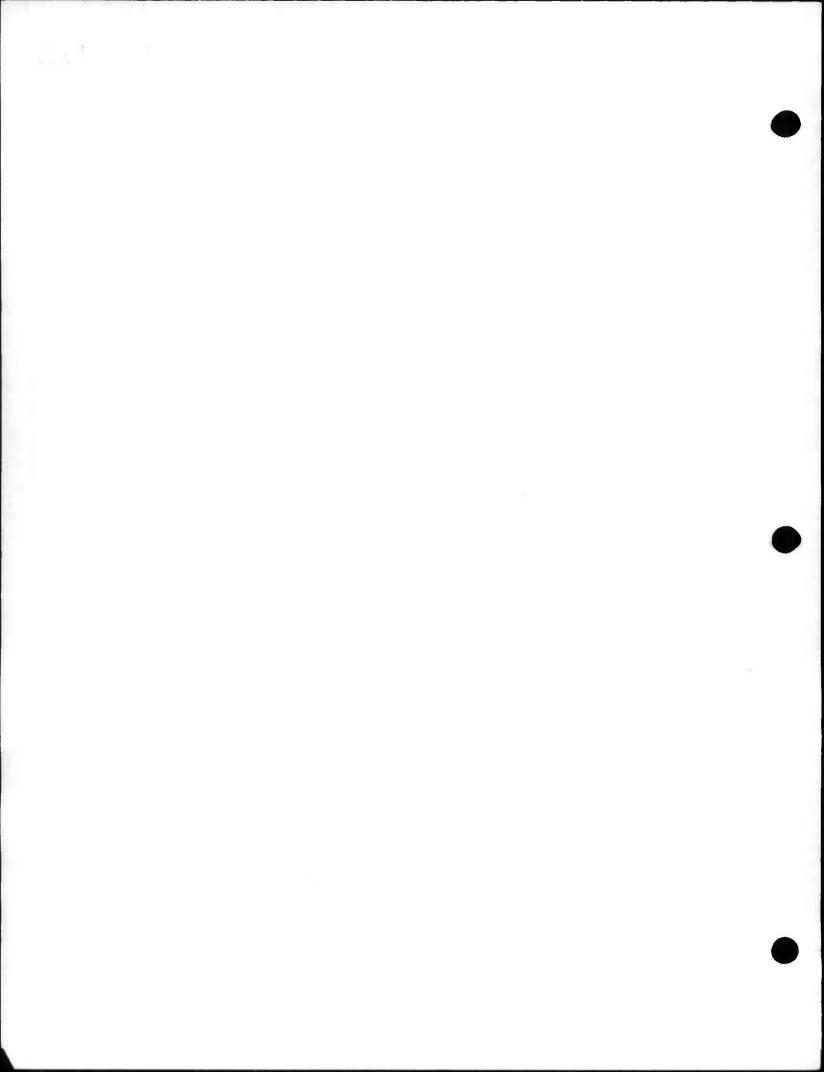
	REGISTRAR		<u> </u>		VAIL	<u> </u>	PEAIII	ne	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				P			2. DATE OF D	DAY	YI	EAR	TIME OF DEATH
	Ne					Jy/L	Jr.			1990	1.65	340 M
		5. SEX 1 X M 2 F	8. AGE (In yrs. las	st birthday)	MONTHS C	-	HOURS MIN.	Sept.	APAC 7	02%	BIRTHPLA Country)	Va •
	90. FACILITY NAME (If not institution, give stre	, ,	0)	Tho.								
~		,	1				LOCATION OF D	EATH	9	De. COUNTY		
DIRECTOR	Peninsula General	ноѕріта	1		Sa1	150	ury			WIC	comic	0
E	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR	LOCATIO	ON				100	I. INSIDE CITY
E	Virginia Acco	mack		Ter	npera	nc	eville				1	LIMITS? YES 2 XNO
	10e. STREET AND NUMBER			-		101.	ZIP CODE		- 1		OF WHAT	COUNTRY?
FUNERAL	Post Off:	ice Box	71				2344	2		USA	1	
3	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	MED	13. WA	S DECE	NDENT OF HISPA	NIC ORIGIN? (Sp	ecify Yee or	No- 14.	RACE —	American Indian,
	1 Never Merried 2 Married	IF YES, GIVE W	YES 2 A	MO			cify Cuben, Mexico 2 XNO Specif		etc.)		Specify B	lack
Э ВУ	3 Widowed 4 Divorced											
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DE	ECEDENT'S	VOIK done dura to retired.)	JPATION ing most	N t of working	16b, KINC	OF BUSIN	ESS/INDUS	TRY	
۳	Elementery/Secondary (0-12)	College (1-4 or 5					itatio	n o	lean	ing	Hou	808
N N	17. FATHER'S NAME (First, Middle, Last)			, W.T. 0.	3 ~	1					110 u	505
	Neal B	rown,	Sr.				18. MOTHER'S NA	Nock	Maiden Sui	rname)		
BE	19e. INFORMANT'S NAME (Type/Print)	,		L MARINO	ADDRESS (V	d Number or Rural			Cana 71- Ca	eta l	
2	Carlton Brown		"				141 W.					483
	20a. METHOD OF DISPOSITION		20h PLACE				etery, crematory or			TION — City		
	20a, METHOD OF DISPOSITION 1. Burlel 2 Cremetion 3 Remon 4 Donetion 5 Other (Specify)	val from State	other p	lace) Je:	rusal	em	olary, Crommicry or					ille, Va.
	21, SIGNATURE OF FUNERAL SERVICE LICE	NSEE					D ADDRESS OF FA					
	* Keith E. y	who	ston	•	Wh	ar	ton Fu	neral	Home	e-Acc	coma	c, Va.
	23. PART I. Enter the diseasee, Dr co	emplications the	t caused the d	eeth. Do r	not enter th	e mod	le of dylng, suc	ch se cerdiec	or reepirat	tory srrest	t,	Approximete
	ahock, or heert fellure. L IMMEDIATE CAUSE (Fine)	•			-				^			Interval Between Onset and Death
	disesse or condition	METI	9STAT	1C	1R	AN	SITIO	NAL	AK	201N	OMA	19 MOS
	readiting in death)	DUE TO	(OR AS A CONSE	QUENCE O	F): ()	_	BU	LDE	R.			
z	C 6.					<u> </u>						
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE O	F):							
2	CAUSE (Disease or Injury		111-71 - 1771									
Ë	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE O	F):							
買	d.											
	PART II. Other significent conditions	contributing to	death but not	resulting	In the unde	riying	ceuee given in	Part I. 24a.	WAS AN AU			RE AUTOPSY FINDINGS
EDICAL								1.5	PERFORME		co	MPLETION DF CAUSE
	-							' '	,			DEATH? YES 2 NO
3												
¥	25. WAS CASE REFERRED TO MEDICAL					26. PL/	ACE OF DEATH (C	heck only one)				
SIC		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:	g Home	5 - Reeldence	8 Other (Spe	icffy)			
PHYSICIAN: M	27. MANNER OF DEATH	28e. DATE OF (Month, E		28b. TIN	IE OF 2	Bc. INJU	IRY AT	28d. DESCRIB	E HOW INJ	URY OCCUP	RED	
ВУ	1 Natural 5 Pending 2 Accident Investigation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,,,				ES 2 NO					
	3 Suicide 8 Could not be	28e. PLACE C	of INJURY — At he	ome, farm,	street, factor	, office		281. LOCATION City or Tox		1 Number or	Rural Route	Number,
I	4 Homicide determined											
-	29e. CERTIFIER (Check only	IAN: To the best of	my knowledge, d	eath occurr	ed at the tim	e, date	end place, end du	a to the cause(e)	end menne	er ee stated.		
COMPLETED	2 MEDICAL EXAMINER	: On the basis of s	xamination and/or	Investigation	on, in my opi	nion, de	ath occured at the	e time, date end	place, end	due to the c	euse(e) en	d menner as stated.
	200 JUGNATURE AND TITLE OF CERTIFIER	00		1		. T	29c. LICENSE NU	MBER	2	29d. DATE S	IGNED (Mo	onth, Day, Year)
BE (Dem Henter	SHO	Mask	us I	MI	1	1-17	926		> Ju	KY =	20,1990
0	JOHN H. SHE	COMPLETED CAU	SE OF DEATH OT	n nype	Print) P	NE	BULL	EF R	1 5	ALIC	SRII	20, 1990 PY MD
1	S1. DATE EILEDYMACTO! Che Nour!	A stinedhen	de securitorio	- Marie	-4.1	,,,,		1. /16	, ~	-1-1-	- <i>Su</i>	4.10
7	JUL 2 4 90	0	-C-12-4	- 14								
4	Contract of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the											

	`	23	
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 to filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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DIRECTO
FUNERAL
BY
COMPLETED
BE
2

1 - FOR STATE REGISTRAR		STATE OF M		/ DEPART				MENTA	L HYGIENE			
1. DECEDENT'S NAME (First,	Middle, Last)						2. DATE OF DEATH 3. TIME OF DEATN				TIME OF DEATN	
ELDRED V	VESLEY			3 rom					- (1	70	900 AM
4. SOCIAL SECURITY NUMBER	REH CO	1 VM 2 F	6. AGE (In yrs. I		IF UNDER I YEAR		MIN.	(Mont	OF BIRTN		Country)	ACE (State or Foreign
2/1-01-20	(6)	^	72	1.000					4-191			yland
9a. FACILITY NAME (If not in		•	т	Ι,	Db. CITY, TOW					9c. COUNTY		
PENINSULA (HOSPITA	<u>.L</u>		SAI	ISBUR	Y, M	ARYL	AND	WI	.COM	ICO
10a. STATE	10b. COUNTY			10c. CITY,	TOWN OR LO	CATION					10	d. INSIDE CITY
Md.	Wic	comico		Sa	lisbu	ırv					1	LIMITS?
10s. STREET AND NUMBER						10f. ZIP COD	E			10g. CITIZEN	OF WHA	T COUNTRY?
1518 Spr	rina H	lill Rd.			- 1	2	1801			11.	S.A	
								1? (Specify Yes			American Indian, Vhita, etc.	
1 Never Married 2		FORCES? 1		NO		specify Cubi			Rican, stc.)		Specify:	Vhita, etc.
3 Wildowed 4 Divo	rced	Yes	WW II			X	,					White
	EDENT'S EDUC		16a. E	DECEDENT'S U	SUAL OCCUP	ATION most of worki	na	18t	. KIND OF BUS	NESS/INDUS	TRY	
Elementary/Secondary (0	1	College (1-4 or 5+)	- 4	ile. Do NOT use	retired.)	most or work						
9				Drive	r				Ice C	ream	Co.	
17. FATHER'S NAME (First, M	liddle, Last)					18. MOT	NER'S NA	ME (First,	Middle, Maiden S	Sumame)		
Calvin Da	ale Br	omley				Be	ssie	Ве	auchai	mp		
19a. INFORMANT'S NAME (7	ype/Print)		1	19b. MAILING A	DDRESS (Stre	et and Numbe	r or Rural I	Route Num	ber, City or Town	, State, Zip Co	de)	
Maude Bro	omley			Same	as l	.0.						
20a. METNOD OF DISPOSIT	ION	uml from State	20b. PLAC	E OF DISPOSI	TION (Name of	cemetery, cree	metory or		20c. LOC	ATION — City	or Town	, State
4 Donation 5 12 Other		Wall from State		ina H	ill M	lemor	y Go	ns.	He	ebron	, M	d.
21. SIGNATURE OF FUNERA	L SERVICE LICI	ENSEE	(7		22. NAME	AND ADDRE	SS OF FA	CILITY				
Kull	11	Mun	1X		Bour	ds F	uner	al	Home.	Sali	sbu	ry, Md.
23. PART I, Enter the d					t sntar tha	mods of dy	ring, suc	h as csr	diac or reapir	atory arreal	ì,	Approximata
ahock, or h IMMEDIATE CAUSE (Fir		lat only ons caus	se Dn sach iii	na.								interval Between Onset and Death
disease or condition_	101		carde	oc	a core	et						2016
resulting in death)		OUE TO	OR AS A CONS			4.5						
	-											
Sequentially list condit if any, leading to imme		DUE TO (OR AS A CONS	SEQUENCE OF)								
cause. Enter UNDERLY	ING				٠							
CAUSE (Disesse or Injuthat initiated events		DUE TO	OR AS A CONS	EOUENCE OF)	:							
resulting in death) LAS	T	l										
PART II. Other eignifica	nt conditions	contributing to	death but no	t resulting in	the underly	vina causa	aiven in	Part i	24a, WAS AN	ALITOREV	246 W	ERE AUTOPSY FINDINGS
TAIT II. Other digitalor	- CONGRESION	oonthibuting to	diatii oot iio	c reading in	tila olidari	i couse	given m	r care i.	PERFOR		A	WAILABLE PRIOR TO OMPLETION DF CAUSE
								_	t TYES 2	NO		F DEATH?
											1	☐ YES 2 ☐ NO
25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHER:	L PLACE OF I	DEATH (Ch	eck only o	ne)			
1 TES 2 NO		1 Inpatient 2	ER/Outpatient		4 D Nursing i	fome 5 🗆 R	esidencs	8 🗌 Oth	er (Specify)			
27. MANNER OF DEATH	24	28a. DATE OF (Month, De	INJURY ly, Year)	28b. TIME INJU		INJURY AT WORK?		28d. DE	SCRIBE NOW IN	JURY OCCUP	RED	
Netural 5 2 Accident	Pending Investigation				M 1	YES 2	□ NO					
3 Suicide 8	3 Suicide 8 Could not ba 28s. PLACE OF INJURY — All home, farm, street, factory, offics building, stc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)						rte Number,					
4 Homicide	detarmined											
29a. CERTIFIER (Check only	TIFYING PHYSIC	CIAN: To the best of	my knowledge,	death occurred	f at the time,	date and place	s, and due	to the ca	use(s) and man	ner as stated.		
	ICAL EXAMINE	R: On the basis of sx	amination and/o	or investigation	, In my opinio	n, death occu	red at the	time, det	and place, and	due to the c	ause(s) s	ind manner as stated.
29b. SIGNATORE AND TITLE	OF CHARLES	1	-			29c. LIC	ENSE NUI	MBER	1	29d. OATE S	GNEO (A	forith, Day, Year)
Chale, Sheefin D30853					▶ 7/	211	90					
30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)												
Charles o	3, Sil		MD		PGHn	10						
31. DATE FILEO (MODIL COV.	Year)	132. TEGISTRA	R'S SMATURE	ee.								

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



DIVISION OF VITAL RECORDS, F.O. BOX 13149, BALLIMORE, MARILAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HOSPITA	TO THE FUNERAL	IMPORTANT: H

30. NAME AND ADDRESS OF PERSON

27'90

31. DATE FILED (Month, Day, Year)

JUL

WHO COMPLETED CAUSE OF DEATH (ITEM. 22) (Typ

32. REGISTRAR'S SIGNATURE
Lia, Davidson-Randala

	1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF I			IYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) GARNET	JOSEPHINE	M BRO	ONNER		2. DATE OF MONTH	DA		3. TIME OF	Ъ
	4. SOCIAL SECURITY NUMBER						Z BIRTH		BIRTHPLACE (State	
	156 07 6046A	1 🗌 M 2 🔀 F	MONTHS DAVE MOURS MIN				1904 -1904		Country) VA	or Poreign
	9s. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWN	OR LOCATION OF DE	EATH		9c. COUNTY	OF DEATH	
O.B.	CITIZENS NUR	HAV	RE DE G	GRACE		H	IARFORD			
ן ק	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY	,	100 CIT	Y, TOWN OR LOCA	TION				10d. INSIDE	CITY
DIRECTOR		larford	100.07		avre de (Grace			LIMITS:	•
¥	10e. STREET AND NUMBER			10	I. ZIP CODE			10g. CITIZE	N OF WHAT COUNTI	TY?
Ë	1511 Bay Vie	w Drive			21078				USA	
BY FUNERAL	11. MARITAL STATUS 1 ☐ Never Married 2 ☐ Married 3 ☒ Widowed 4 ☐ Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 ☐ YES 2 ☒ NO Specify: 1. Specify: White						
8	15. DECEDENT'S EDUC		16a. DECEDENT'S	USUAL OCCUPATI	ON	16b. KII	D OF BUS	INESS/INDUS		
E I	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	work done during mo se retired.)	ost of working					
길로		2	(Ret)	Clerk I	I	Sta	teof	Maryla	and	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Midd	le, Malden	Sumame)		
BE	Milton Floy	d Moore			Cora	Rambo)			
10	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number,	City or Town	n, State, Zip Co	ode)	
F	Mr. Marion F. Mo	ore	2500	Mt. Car	rmel Road	d, Par	kton	, MD	21120	
2	20s. METHOD OF DISPOSITION 1 (X Burlal 2 □ Cremation 3 □ Remo	oval from State	other place)		metery, crematory or		20c. LO	CATION — CIF	y or Town, State	
	4 Donation 5 Other (Specify)		Mt. Z	Zion Cen			Fou	ıntain	Green,	MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			nd address of fa ell–Smith		nol II	Iomo	D A	
DY CHARLES	William of	X X			en-Simitin e de Grae					
	23. PART i. Enter the diseases, or o								it, Appro	ximata
	ahock, or heart failure.	List only one cause on a	ach lina.		1					ai Batween
	disease or condition resulting in death)	. HSO	00	(VA				1	
	readiting in death)	DUE TO (OR AS	CONSEQUÊNCE O	F):	1.1					
Z		1001	upl	7266	dung	7				
CERTIFICATION	Sequantially list conditions, if any, laading to immediate	DUE TO (OR AS	CONSEQUENCE	es / a	2-1111	1				
5 5	CAUSE (Disease or injury	· Hegen	evan	ue N	vicin	W				
	that initiated events reaulting in death) LAST	DOK TO (OR AS A	CONSEQUENCE	man 1						
	L	e Heurn	ugg L	anes					i_	
-	PART II. Other algnificant condition	a contributing to death t	out not resulting	in the underlyin	ng cause given in	Part I. 24	a. WAS AN		24b. WERE AUTOR	
MEDICA							PERFOR		COMPLETION	
						_ '		W	OF DEATH?	□ NO
N A	25. WAS CASE REFERRED TO MEDICAL			26. P	PLACE OF DEATH (Ch	neck only one)				
Sic	1 YES 2 XNO	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 DOA	OTHER:	me 5 🗆 Raeldence	6 Other (S	pecify)			
PHYSICIAN:	27, MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TII		JURY AT ORK?	26d. DESCR	BE HOW I	NJURY OCCU	RED	
BY F	1 🔀 Natural 5 🗌 Pending 2 🔲 Accident investigation	(monn, bay, roar)		M 1 🗆						
E G	3 Suicide 6 Could not be detarmined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLET	29a. CERTIFIER	CIAN. To the best of the	dadaa daasta sa			and the second				
MP	(Check only	CIAN: To the bast of my know R: On the basis of examination								as stated
8	Α			and any opinion,			/ /			
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	111	11	.12	29c. LICENSE NU	MBER	/	29d. DATE	SIGNED (Month, Day,	Year
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DI	ATH (ITEM 27) (Fee		11/10	60	/	1	1011	10

DHMH-16 Rev 1/89

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6.7

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - REGISTRAR		CERTIF	ICATE O	F DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, La Jai	nes	к.	But	ler	2. DATE	of DEATH 23-90	W .	RABY	12:45PMm
4. SOCIAL SECURITY NUMBER 214-08-2335	1 💢 M 2 🗆 F	. AGE (in yrs. lest birthday) 18 YRS.	IF UNDER 1 YEAR	B HOURS MIN.	(Monti	OF BIRTH h, Day, Year) . 2 19		WASH	INGTON D.C
90. FACILITY NAME (It not institution, g Rt. 5, BOX 4 RESIDENCE OF DECEDENT 100. STATE 100. COL MARYLAND C	83		9b. CITY, TOW	N OR LOCATION OF OE La Plata	EATH			arles	County
10a. STATE 10b. COL		10c. CIT	Y, TOWN OR LO	CATION	-				IOd. INSIDE CITY
MARYLAND C	HARLES		LA PLA	ГА					LIMITS?
				10f. ZIP CODE			10g. CITI	ZEN OF WI	IAT COUNTRY?
STAR ROUTE 5 B	OX 483			20646			UN	ITED	STATES
10e. STREET AND NUMBER STAR ROUTE 5 B(11. MARITAL STATUS 1 X Never Merried 2 Merried 3 Widowed 4 Olvorced	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2 X NO	2 X NO If yes, specify Cuban, Mexican, Pu				or No—	14. RACE Black, Specify	- American Indian, White, etc.
15. OECEDENT'S (Specify only highest of	EDUCATION	16a. DECEDENT'S	USUAL OCCUP	ATION	168	. KINO OF BUS	SINESS/INC	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u	se retired.)	most or working					
12TH	NONE	LABO	RER			PRIV	ATE		
17. FATHER'S NAME (First, Middle, Last,				16. MOTHER'S NA					
JAMES CHARLES	BUTLER			CATHERI					BUTLER
) 198. INFORMANTS NAME (1)/POPTINI)	nimi ED	1.000		net and Number or Rural I					20616
JAMES CHARLES	SUTLER	20b. PLACE OF DISPO		BOX 483,	LA P			LAND City or Tow	20646
1 XBuriel 2 Cremation 3 1 4 Donation 6 Other (Specify)	-		ART CH	JRCH CEMET					ARYLAND
TATOLA C.	THORNTON JOI	Johnson		E AND ADDRESS OF FA		HOME.	POM	ONKEY	, MARYLAND
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	reaulting in death) e. SNOTQUIN WOUND OF CHEST DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury that infiliated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
	tions contributing to d	eeth but not resulting	in the under	ying ceuse given in	Part i.	24s. WAS AN			WERE AUTOPSY FINDINGS
PART II. Other algnificent cond	PERFORMED? AUTOMOTION OF THE PERFORMENT AND CO. CO. CO. CO. CO. CO. CO. CO. CO. CO.						AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
25. WAS CASE REFERRED TO MEDICA	ıL.		2	B. PLACE OF DEATH (C)	heck only o	ne)			
EXAMINER?	HOSPITAL:	ER/Outputient 3 DOA	OTHER:	Home 😾 Residence	6 □ Oth	er (Specify)			
27. MANNER OF OEATH	26a. DATE OF IN	NJURY 26b. TII	ME OF 28c	INJURY AT WORK?	28d. OE	of inf			
Suicide 6 Could no	building, et	Π	ome		Rt.		x 48:	3,LaF	oute Number, Plata, Charl
29a. CERTIFIER (Check only one) 1 CERTIFYING P	HYSICIAN: To the best of m MINER: On the basis of axa								and manner as stated.
74900				29c. LICENSE NU	MBER ME		29d. DAT		(Month, Dey, Year)
FRANK PERETT	FRANK PERETTI, MD 111 Penn Street, Baltimore, MD 21201 vo								
JUL 25 90	32. REGISTRAR	s signature Duvidson-Rand	LEC.						

DHMH-16 Rev 1/89

BALLIMORE, MARYLAND	urs after death. Page 6 may be retained by the hospi	in by the funeral director, page 5 should be detached removal.	nedical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

STATE	OF MARYLAND / DEPARTMENT OF HEALTH AN		
	CERTIFICATE OF DEATH	REG. NO.	
iddle, Last)		2. DATE OF DEATH	

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN	_			
	1. DECEDENT'S NAME (First, Middle, Lest) Edward L	Boone						FAR	8:40 E	
	214-32-1861	1 🗙 M 2 □ F 58		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) (0-32 8. BIRTHPLACE (State or Foreign Country) MD			
OR	90. FACILITY NAME (if not institution, give stre Memorial Hos		91		Easton Easton	EATH	Tal		1	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10D. COUNTY MD Carc	oline		own or Locati	ON	10d. INSIDE CITY LIMITS? 1 □ YES 2 ★ NO				0
FUNERAL	10e. STREET AND NUMBER Rt. 1 Box 175-4			101. ZIP CODE 109. CITIZEN 21640						
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 NO Specify: 14. RACE — American In Black, White, etc. Specify: White					American Indian hite, etc. White	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during most of working						ros
	17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S					ME (First, Middle, Melden de Smith B	Sumeme)	, 114	TT EIT D	105
TO BE	Harry H. Boone 190. INFORMANT'S NAME (Type/Print) Daniel Lee Boone				nd Number or Rural i	Route Number, City or Tox	m, State, Zip Co	ode)		
								c. LOCATION — City or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Greensboro, No Fleegle-Helfenbein Fn Hm PO By							, MD	21639	
CATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or reapiratory streat, shock, or heert feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DIE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								tween	
PHYSICIAN: MEDICAL CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PREVIOUS (RREPARCITOR) 1 YES 2 NO							CO	RE AUTOPSY FIN NLABLE PRIOR TI MPLETION OF CA DEATH? YES 2 N	NUSE
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch	6 Other (Specify)				-
BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME (OF 28c. INJ	URY AT RK? 'ES 2 NO	284. DESCRIBE HOW				
	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY - building, atc. (Specif	— At home, farm, atre	et, factory, offic	•	28f. LOCATION (Street City or Town, State	end Number or)	Rural Route	e Number,	
COMPLETED	(CINECK OTHY	EIAN: To the best of my knowle t: On the basis of examination							nd menner ee str	ited.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUMBER D 2 3 8 6 2 29d. DATE SIGNED (Month, Day, Year)							
_	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE									
	JUL 20 '90	Juna Nav	JUL 20 '90 Julia Davidson-Randelle							

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BALTIMORE, MARYLAND 21203-3146

Just after death. Page 6 may be retained by the hospital or attending physician.

In by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	uires that the death certificate be executed within Jurs after death. Page 6 may be retained by the hos	signed by the attending physician and completely filled in by the funeral director, page 5 should be detachy Heath and Mental Hygiene prior to burlal, cremation, or removal.	ws any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF WITH PERCENCY, T.O. DOX 10149,	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jurs after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detachy be fled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)

JUL 3 1 1990

	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH		31,00	3. TIME OF DEATH
ľ	Estelle B	Clift	n n						MONT 0.7		AY C	YEAR	1.10 A
-1	4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. le	isi birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE	OF BIRTH	ì	8. BIRTH	IPLACE (State or Foreign
	212-12-7075	1 - M 2 - F	73	YRS.	MONTHS	DAYS	HOURS	MIN.	02-2	h, Dey, Year) 3.–17		Ma	ryland
	9a, FACILITY NAME (If not institution, give at	9a, FACILITY NAME (If not institution, give street and number)				, TOWN C	OR LOCAT	ION OF DI		0 1,	9c. COU	NTY OF D	DEATH
	olomons Nursing center						ederi	ck.			Calv	ert.	
	RESIDENCE OF DECEDENT										1 3044		Les maior arry
	Maryland Calvert				t. L								10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER					101	r. ZIP COD				10g. CITI	ZEN OF	WHAT COUNTRY?
	1329 Flag Harbon	1329 Flag Harbor Blvd.					206	85				USA	
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 3			If yes, an		on. Morles	n. Puerlo	N? (Specify Ye Rican, atc.)	a or No	Blac	E American Indian, k, White, etc. """: white
- 11					USUAL O				168	. KIND OF BU	SINESS/INC	DUSTRY	
	Ille. Do I				work done se retired.) ep er	during mo	est of work	ing		Lumb	er		
	17. FATHER'S NAME (First, Middle, Last) Daniel Barrett						16. MOT	ne V	ME (First.	Middle, Maider 1en	Surname)		
	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Same as #10												
	20s. METHOD OF DISPOSITION 1)X Burlel 2 Cremetion 3 Rem. 4 Donation 5 Other (Specify)	oval from State	20b. PLACE CM'T'	e of dispo	Pisco	ome of coo	metery, cre Chu:	matory or rch	Ceme	tery P	ort F	City or To	own, State blic Maryla
	21. SIGNATURE OF HILLERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rausch Funeral HOm 4405 Broomes Is. Rd. Port Republ:												
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Bacterial Sepsos Due to (or as a consequence or):									Approximata interval Betwee Onset and Dast			
	Severe decubitis Ulcer									Î.			
	Sequentially list conditions, if any, leading to immediate	D-	(OR AS A CONS		-								1
	cause. Enter UNDERLYING	Alzhein	ers Disea	ase	Gener	ral D	cbili	tis					1
	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO	(OR AS A CONS	EOUENCE (OF):								
		d.											
	Felty's Syndrome	e contributing to	death but not	resulting	in the u	nderlyin	g cause	given in	Part i.	24a. WAS AI PERFO 1 TYES	RMED?	24	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL						LACE OF	DEATH (C	heck only o	ine)			
	EXAMINER?	HOSPITAL:	ER/Outpetient	3 DOA	OTHE 4 Nu		ne 6 🗆 F	Residence	6 🗆 Oth	er (Specify)			
	27. MANNER OF OEATH 1 Setural 5 Pending Investigation	28b. Til	ME OF	28c. IN. W	JURY AT ORK? YES 2	□ NO	28d. DE	SCRIBE HOW	INJURY OC	CURED			
	2 Accident Investigation 3 Suicide 8 Could not be determined	home, farm,	street, fac	tory, offic	CO CO			CATION (Street y or Town, State		r or Rural	Route Number,		
	29e. CERTIFIER (Check only one) 29 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated.												
	2 MEDICAL EXAMINE	R: On the besis of	xamination end/o	r Investigat	lon. In my	colnion.	death occi	ured at the	e time, det	e and place, a	nd due to t	he ceusei	(e) and menner as stated.

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YEAR

SC

Anne Arundel

U.S.A.

3. TIME OF DEATH

10d, INSIDE CITY 1 YES 2 NO

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Approximata Interval Batween

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

1 TYES 2 NO

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29d, DATE SIGNED (Month, Day, Year)

COMPLETION OF CAUSE OF DEATH?

Onset and Death

14. RACE -- American Indian, Black, White, atc.

Specify: White

8. BIRTHPLACE (State or Foreign

5:00a

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STATE REGISTRAR

1 -

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 07/24/90 Janet MacFarlan Covington 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs, last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH DAYS HOURS MIN 248-56-4884 1 M 2 X F 86 11/15/03 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Meridian Nursing Center Severna Park RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Severna Park 10m. STATE Anne Arundel 100. STREET AND NUMBER Nursing Center 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 21146 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No-if yes, specify Cuban, Maxican, Puarto Rican, atc.) FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried 1 YES 2 NO Specify: 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade com (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Salesperson Telemarketing 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Allan MacFarlan Patricia A. Taylor 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ACCRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mr. Thomas N. Black 935 Rustling Oaks Drive Millersville 20s. METHOD OF DISPOSITION
1 □ Burlal 2 Cremation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, St Metro Crematory Catonsville 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 12. NAME AND ADDRESS OF FACILITY 495 Ritchie Hwy. Barranco Funeral Home Severna Park MD 21146 23. PART I. Enter the diseases, or complications that caused the points. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each june. IMMEDIATE CAUSE (Final disease or condition resulting in death) ANDIAL A02 n1157 DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF) CABOIL VASCUEDO MUNOTIC Sequantially list conditions, DISIT MSE If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER 1 YES 2 DAO 4 Hursing Home 5 Residence 8 Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

28e. PLACE OF INJURY — At home, farm, atreat, factory, office building. atc. (Specify)

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29 SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER

1 YES 2 NO

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4	MANUE AND ADDRESS OF DEPOCAL MAIN COMMISSION OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CAME AND ADDRESS OF THE CA		4

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MAISION OF ALIAE ACCOURS, 1.0. 50% 101.0,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 - Juns aft	negotians. Assessment has been closed by the attendion physician and completely filled in by
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	1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPA CERTII						G. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)		191					2. DATE OF O				3. TIME OF OEATH
	Paul Craig						July 23, 1990			9 0	4:40 P.M	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthday			IF UNDER						PLACE (State or Foreign
	216-56-1321	1 M 2 🗆 F	38 YRS.	MONTHS	DAYS	HOURS	MIN.	May 2		952		
	Se. FACILITY NAME (If not institution, give at	treet and number)		9b. CITY	TOWN O	R LOCATIO	ON OF DE		7 / 1		NTY OF O	
5	902 Walnut Str	reet		l P	OC01	moke	2			1	Morc	ester
5	RESIDENCE OF DECEDENT			-							1010	
DIRECTOR	10e. STATE 10b. COUNTY			TY, TOWN (10d. INSIDE CITY LIMITS?
9	Maryland Baltimore City 10e STREET AND NUMBER			Baltimore								1 X YES 2 NO
MA				10f. ZIP CODE						100		VHAT COUNTRY?
FUNERAL	38 S. Paca Street, Apt. 307			21201 MED 13. WAS DECENDENT OF HISPAN							JSA	- American Indian,
	157 Never Married 2 Married FORCES? 1 YES 2 N			if yes, specify Cuben, Mexican, Puerto 1 ☐ YES 2 ☒ NO Specify:								k, White, etc.
BY	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES				1 [] YES	2 <u>20</u> NO	Specify	`				white
	15. DECEDENT'S EDUC	16a. DECEDENT	DENT'S USUAL OCCUPATION				16b. KINO OF BUSINESS/INDUSTRY			WIIICC		
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT	ive kind of work done during most of working Do NOT use retired.)								
필	12	6	Teach	acher				S	cho	ol		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							AME (First, Middle, Malden Surneme)				
BE	Paul L. Cutler	•					Jan	e Mil	ler	er		
10	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	IG ADDRES	S (Street er	nd Number	or Rural F	Route Number, Ci	ty or Town	n, State, Zi	p Code)	
F	Paul L. Cutler	•	902	Waln	ut S	Stre	et.	Poco	mok	e. I	۸d.	21851
	20e. METHOD OF DISPOSITION 1 Burlel 2 X Cremation 3 Rem	oval from State	20b. PLACE OF DISP other place)	OSITION (No	ime of cem	etery, cren	natory or		20c. LO	CATION -	City or To	own, State
	4 Donation 5 Other (Specify)		Salisbu						Sa	lis	oury	, Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			NAME AN				OMA			
	Surt >1	Melse		P	. 0	· Bo	ox 6	ral H	Onic			
	23. PART I. Enter the diseases, Dr o			not enter	the mo	A STAN	ing, suc	as cardiac	or respi	ratory ar	reat,	Approximate
	shock, or heart failure. IMMEDIATE CAUSE (Final	List only one cause	on each line					1	Λ			Interval Between Onset and Death
	disease or condition A continued of the Color Land											
	nesulting in death) DUE TO (OR AS A CONSEQUENCE OF):											
z	Someont of the land distance of the											
CERTIFICATION	Sequentisity list conditions, if any, leading to immediate											
2	Cause, Enter UNDERLYING CAUSE (Disease or injury											
E	that initiated events resulting in death) LAST	0) 01 300	TO (OR AS A CONSEQUENCE OF):		j							
E I	d											
CAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? AMALABLE PRIOR TO											
								COMPLETION OF CAUSE OF DEATH?				
ME								_				1 TYES 2 NO
ż												
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? DEATH (Check only one)											
/Si	1 TYES 2 NO		ER/Outpetient 3 🗆 DOA			• 5 □ R	esidence	6 - Other (Spi	ecify)			· · · · · · · · · · · · · · · · · · ·
PHYSICIAN: MED	27. MANNER OF DEATH	28a. DATE OF IN (Month, Day,		b. TIME OF 28c. INJURY AT 28c INJURY WORK?				28d. DEŞCRIBE HOW INJURY OCCURED				
ВУ	Natural 5 Pending 2 Accident Investigation			M 1 YES 2 NO								
	3 Suicide 6 Could not be	INJURY — At home, fam c. (Specify)	me, farm, street, factory, office				261. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
ET												
COMPLETED	29a. CERTIFIER (Check only one) One) CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner se stated.											
ő	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end manner ee stated.											
BE (25 SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year)							
TO B	1 h Vove		10			02	<u>~J (</u>	717			115	4190
	30 NAME AND ADDRESS OF PERSON WH		A 11			4.0	1.	2 /	Ma I			
1 100 Power It, Salisbury Md. 2 (801						100	<u>.</u>	7 (701			
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25	JUL 26 '90	32. House groot	s signature Lavidson-Ra	d. 00								

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit p be filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITA	TO THE FUNERA	IMPORTANT: 1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND ME	NTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)		02			2. DATE OF DEATH		3. TIME OF DEATH		
N.	Marion B. Carter					0716		11:20 ^M		
		SEX 6. AGE (In		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)		
	164-14-9011 1 [M 2 X F	70 YRS.	CITY, TOWN O	R LOCATION OF DE	08/14/19				
	Montgomery General Hospital Olney						Montgomery			
DIRECTOR		LINDSTEAT					FOIIC			
E	. 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?		
	Maryland Montgomery Silver Spring STREET AND NUMBER 101, ZIP CODE						I son CITIZEN	1 YES 2 NO		
FUNERAL	2601 Bel Pre Road 20906							or what obourns		
3		. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC		IC ORIGIN? (Specify Ye	IISA n or No- 14.	RACE American Indian,		
	1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES. GIVE WAR OR DATES				cify Cuban, Mexican 2 NO Specify:	, Puerto Rican, atc.)		Black, White, etc. Specify:		
ВУ	3 \(\overline{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\text{\text{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinit}}\\ \text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\texitin}\text{\text{\text{\text{\texi}\tilint{\text{\texi}\tiint{\text{\text{\text{\text{\text{\text{\texi}\text{\texitilex{\tiin							HITE		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com		(Give kind of work	done during mos		16b. KIND OF BU	SINESS/INDUS	TRY		
片										
M	1.2 17. FATHER'S NAME (First, Middle, Last)		HOUSEWIF	E	18 MOTHER'S NAM	AE (First, Middle, Maiden	ten Surname)			
ŏ	EDWIN B. BYRNES				MARIAN	FULTON	Juliane			
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	ORESS (Street a		Oute Number, City or Tox	Town, State, Zip Code)			
2	DEBORAH CARTER (DAUGHTER)	1701 LA	DD STR	EET SILV	VER SPRING	. MARY	LAND 20902		
	20a. METHOD OF DISPOSITION 1 To Burial 2 Cremation 3 Removal	20b.	PLACE OF DISPOSITIO					or Town, State		
	4 Donatton 5 Other (Specify)		ODLAWN CE				TIMORE	MARYLAND		
	21. SIGNATURE OF BUNERAL BEHVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC.							ME INC		
	500 UNIVERSITY BLVD. W.									
	PART I. Enter the diseases or form	plicetions that caused	tha daeth. Do not					Approximate		
4	shock, or heert filtere. Liet only one cause on each line. IMMEDIATE CAUSE (Finel Onset and Death									
	disease or condition a. The un or in a second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon									
	DUE TO (OR AS A CONSEQUENCE OF): Chronic Obstructive Pulmany Disense									
ON	Sequentially list conditions,									
CERTIFICATION	If any, leading to immadiats cause. Enter UNDERLYING									
티	CAUSE (Disease or injury that initiated events DUE TO OR AS A CONSEQUENCE OF):									
F	resulting in death) LAST									
	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
CAL	PERFO					RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
9						1 U YES	1 YES 2 NO OF DEATH?			
Σ						-	1 125 2 10			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)									
Sic	EXAMINER?	OSPITAL:	ntient 3 DOA 4	THER: Nursing Hom	e 5 🗆 Residence	8 C Other (Specify)				
F	27. MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME O	F 28c. tNJ	URY AT	28d. DESCRIBE HOW	INJURY OCCUP	RED		
ВУ	Natural 5 Pending Accident investigation		,7115	M 1 🗆 1	rES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	— At home, farm, streetly)	, street, factory, office 28f. LOCATION City or Tow			(Street and Number or Rural Route Number, n, State)				
Ш	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) end menner as stated.									
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
ш	29b. SIGNATURE AND TITLE OF GERTIFIER				29c. LICENSE NUM	IBER	29d. DATE SIGNED (Month, Day, Year)			
TO B	Mother ms				D3581)	> 7/16/90			
F	M.W. Khan no 120 (6 Georgie free Wheeter no 20 902									
8	31. DATE FILED (Month, Day, Year) 22. REGISTRAR'S SIGNATURE									

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ithin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical exami
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	1 - STATE SIATE REGISTRAR	O MARIL	CERTIF			DEATH		EG. NO.			
	GRACE (Cannon	ION				2. DATE OF	₹419 7;	, 90	YEAR 3	12-STPM
	4. SOCIAL SECURITY NUMBER 5. SEX 1 □ M 2		in yrs. lest birthday) 5 YRS.	IF UNDER 1	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF 8 (Month, Der	1 2	1905	Country)	ACE (State or Foreign
OR	9a. FACILITY NAME (If not institution, give street and nur Dorchester Gener RESIDENCE OF DECEMENT		sp.			ridge	Bc. COUNTY C				
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Cambridge								1	0d. INSIDE CITY LIMITS?		
FUNERAL	100. STREET AND NUMBER 405 Cemete	ery Ave			101.	21613	3		10g. CITIZE		AT COUNTRY? JSA
BY	1 Name Married 2 Married FORCE	ECEDENT EVER IN ES? 1 YES I, GIVE WAR OR DA	2 700	H	WAS DECENDENT OF HISPANIC ORIGIN If yes, specify Cuban, Mexican, Puerto F 1 ☐ YES XXNO Specify:			to Rican, etc.) Blac			- American Indian, White, etc. White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) sales clerk reta						1, g		ery
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING			nd Number or Rural F					-3.04.643
	Ellen Cannon	200	. PLACE OF DISPO			Edlon I	Park		Ibrid		Md.21613
	XXBurial 2 Cremation 3 Removal from 5 4 Donation 5 Other (Specify)		E. New	Mar	ket	Cem.					ket Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Thomas Funeral Home 700 Locust St. Cambridge Md. 21613										
	23. PART I. Enter the diseases, or complicate shock, or heart failure. List only immediate CAUSE (Final disease or condition resulting in death)	one cause on e	ach line.	ral E	ncei	nhalitie	h aa cardiac	or reapl	ratory arres	st,	Approximate Interval Between Onset and Death Days
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST		A CONSEQUENCE O								
	PART II. Other significant conditions contribu	uting to death b	out not resulting	in the un	derlying	cause given in	Part I. 24	. WAS AN			VERE AUTOPSY FINDINGS
: MEDICAL							1	YES 2		0	COMPLETION OF CAUSE OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL. EXAMINER? HOSPI	TAL -		OTHER		ACE OF DEATH (Ch	eck only one)				
IYSI	1 VES 2 NO 1 input	Nort 2 ER/Outs	patient 3 DOA	4 🗆 Nurs		e 5 🗆 Residence	6 Other (Sp		N HIRN OCCI	IBEO	
BY PH	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN	JURY M	1 Y	RK? (ES 2 NO					
ETED	4 Homicide determined	building, etc. (Spe	/ — At home, farm, cify)	street, racto	ory, omc		28f. LOCATIO City or To	own, State)		r Hurai Ho	ne Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o										and manner as stated.
TO BE	29b. SIGNATURE AND STILE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLE	Q	ATU (ITEM AD /S.	Dies		6 P 0		noe.	> -	1/2	Month, Day, Year)
	H.E. Ayelly	TEO CAUSE OF OR	408	yrn	tre	et J	A.	(1)			old try
	JUL 30 '90	Julia D	avidson-Ra	plate							

BALTIMORE, MARYLAND 21203-3146	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physicial
BALTIMORE,	ours after death. Page 6 may
	1 24 1
X 13146,	be executed within
). BC	ertificate
P.0	eath c
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	w requires that the di
DF VITAL	HYSICIAN: The la
DIVISION (OR ATTENDING P.
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DIVISION OF VITAL TILONAL THE death certificate be executed TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and corribe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic or

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1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HEGI	ISTRAR				U	ERITT	CATE	UF L	JEAIR		REG. NO					
1, DECEDE	NT'S NAME (First,	Middle, Last) ALTE	Walter	Day	rn	Coffre	en, J	r.		2. DATE	e OF DEATH	NY -	YEAR 3.	Y D2		
4 0000141	SECURITY NUMB		5. SEX		7 4 6	70				7 007	OC DIMEN		101	D 02		
	6-7904	EK	1.XXM 2 □ F	64		yrs.	MONTHS D	_	IF UNDER 24 HRS.	(Mon	of Birth th, Day, Year) n. 29,	1926	Country)	ington, DC		
9a. FACILITY NAME (If not institution, give street and number) 9b. CITY							9b. CITY, TO	TY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
So. MANY IAND HOSPITAL C RESIDENCE OF DECEDENT 100. STATE 100. COUNTY Maryland Prince George's Clinton						0	CLINTON P. O. COUNT						Pounty			
10a. STATE		10b. COUNTY	TY 10c. CITY, TOWN O						N				10	d. INSIDE CITY		
Maryl		Prin	ce Georg	ge's		C1	inton	nton 101, ZIP CODE					LIMITS? 1 □ YES 2 🔀 NO			
	Berksh	ire Dr	ive					20735			109. CITIZEN OF WHAT COUNTRY? U.S.A.					
11. MARITA	AL STATUS		12. WAS DECEDE	NT EVER	IN U.S. AF	RMED	13. WAS	S DECEN	IDENT OF HISPAN	IIC ORIG	IN? (Specify Ye	or No-	14. RACE -	American Indian,		
	r Merried 2 🔀			FYES, GIVE WAR OR DATES ### WWT.T. ### 1							Specify:	Thite, atc.				
-	15. DEC	EDENT'S EDU	CATION	VVVVII	-	ECEDENT'S U	ISUAL OCCL	JPATION		16	b. KIND OF BU	SINESS/IND		asian		
	(Specify only	highest grade	completed)		(6	Sive kind of we	ork done duri					011110071111				
	ntary/Secondary (0	1-12)	College (1-4 or 5	5+)												
	th		N/A			erk						al So	rvice			
17. FATHER	R'S NAME (First, M	rodle, Last)							MOTHER'S NA				1			
			Coffren	Sr					Maude E							
	RMANT'S NAME (Number or Rural F	Route Nur	mber, City or Tox	vn. State, Zip	Code)			
Gert	rude M.	Coffr	en		- 15	Same a	as 10	A-F	٠							
200 METH	IOD OF DISPOSIT	ION	e Translation	20	b. PLACE	OF DISPOSI	TION (Name	of come	tery, crematory or		20c. L0	CATION —	City or Town	, State		
1 LXBuria	il 2 Cremetic	(Specify)	oval from State	_ _	other p		0				C1:	inton	, Mar	vland		
	TURE OF FUNERA		CENȘEE	1	esu	rrecti	22. NA	ME ANO	ACOMESS OF FA	CILITY				me, Inc.		
			21/1	/	1									ton, Md 20		
	laure	lasge	11/2	2	6'							_		1011, Ma 20		
IMMEDIA disease	shock, or h ATE CAUSE (Fig or condition	aart fallure.	Complication th	nuse on e	each IIn	е.				h ss cs	rdisc or resp	iratory sr	reat,	Approximate Interval Between Onset and Death		
resulting	in deeth)		a. Due T	O (OB AS	A CONSE	COLIENCE OF	Mohra (1)		1000					1100		
ii .			a. Jes	a ion As	NA	400 40). 	Α.	1102					N Thronges		
Sequent	lally list condit	lons.				OUENCE OF		17/1	00					1,20,7,59		
	ading to imme		DOE I	O (OH AS	A CONSE	OUENCE OF)÷							i		
	inter UNDERLY (Disease or Inju		C											ļ		
	ated events in death) LAS	т.	DUE T	O (UH AS	A CONSE	OUENCE OF):							i		
l resulting	an destin LAS		d											1		
PART #	Other algolfice	int condition	ns contributing t	o death	but not	resulting is	n the unde	riving	cause alven in	Part 1	24a, WAS A	VAUTOREV	24h W	ERE AUTOPSY FINDINGS		
1						. Journal II	ande	ymy	Aireii III			RMED?	A	MILABLE PRIOR TO OMPLETION OF CAUSE		
											1 TES	2 🗌 NO		F DEATH?		
I													1	☐ YES 2 ☐ NO		
	ASE REFERRED T	O MEDICAL						26. PLA	CE OF DEATH (Ch	eck only	one)					
EXAM 1 D Y	YES 2 NO		HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)													
27. MANNE	ER OF DEATH		28a. DATE C	OF INJURY		28b. TIME	OF 26	Bc. INJUI	RY AT		ESCRIBE HOW	INJURY OC	CURED			
1 1 N	etural 5	Pending		Day, Year)		INJU	JRY	WOR	K? S 2 NO							
2 🗆 A	ccident	Investigation	200 BI 50F	OE IN III	W 44 L					281.15	CATION /Ow	and Munt-	or Pro-I P-	de Alumber		
3 S	uicide 6	Could not be determined	200. PLACE buildin	g, etc. (Spi	ecify)	ome, ferm, s	treet, factory	y, Office			CATION (Street by or Town, State		TO PIUMI PIOU	ne reumoer,		
7 () 10		_e.e.mireu														
29e, CERT (Checi		TIFYING PHYS	ICIAN: To the best	of my know	wiedge, d	leath occurre	d at the time	e, date e	nd place, and due	to the c	ause(e) end m	nner as sta	rted.			
one)	n only													nd manner se stated.		

29b. SIGN	ATURE AND TITLE		7.1	N	2				29c. LICENSE NUI			29d, OA	-	S()		
X	100	ш 4.	na	r,n	/				134130	0			1/63/	70		
30. NAME		PERSON WI	10 COMPLETED CA					O Z	20735							
31. DATE F	FILED (Month, Day,		32. REGISTI													
JUL	27'90	,	0	son-A												
		-	runa wavid	son-1/1	andel	2										

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		sit permit, Pa		
BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Play		t be notified at once.
BALTIMORI	24 nours after death. Page 6 mi	filled in by the funeral director,	tion, or removal.	the medical examiner must
13146,	e executed within	an and completely	r to burlal, crema	umatic event,
P.O. BOX	leath certificate by	attending physicia	ntal Hygiene prior	y, or other tra
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	aw requires that the d	s been signed by the	ept. of Health and Me	3 shows any injur
OF VITAL	HYSICIAN: The I	his certificate ha	with the State De	ked, or item 2
DIVISION	THE HOSPITAL OR ATTENDING PI	THE FUNERAL DIRECTOR: After the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1	- STATE REGISTRAR		SIAIE UP N	IANTLAND	CERTIF					MENIA	REG. NO.	E			
	F	1. DECEDENT'S NAME (First,	Middle, Last)									OF OEATH		WE 1 0	3. TIME OF DEATH	
1)	N	YRA M	. Carswe	11.:11						MONT	н D/ 23		YEAR Q ()	10:30 P	м
	1	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRT	HPLACE (State or Foreign	\neg
	1	577-01-7125		1 □ M 2 🏹 F	7	Q YRS.	MONTHS	DAYS	HOURS	MIN.		3, 19	910	Coun	hington, DC	,
*	ŀ	9a. FACILITY NAME (If not ins	stitution, give a	treet and number)			9b. CITY	, TOWN C	R LOCATI	ON OF DE		3, 1.		INTY OF I		\dashv
واء	DRINGE CEORGEIC HOCRITAL CENTER							CHEVEDI A					CEODCEIC			
ECTOR	H	RESIDENCE OF DECEDENT							CHEVERLY PRINCE GEORGE'S							
140		10a. STATE	10b. COUNT	Y	OR LOCAT	ION						10d. INSIDE CITY LIMITS?				
HIG		Maryland	Princ	rince George's Riverdale											1 YES 2 NO	
A		10e. STREET AND NUMBER						101	. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?	
1 5		6308 47th A	venue						2	0737	7		U.	S.A.	•	
FUNERAL		11. MARITAL STATUS	100000	12. WAS DECEDEN FORCES? 1								N? (Specify Yes Rican, etc.)	or No-	14. RAC Blee	CE - American Indian, ck, White, stc.	
BY	- 11	1 Never Married 2 3 Wildowed 4 Divo		IF YES, GIVE W		A			2 NO			,,		Spe	clly:	
	- 11	71		1	La		1				1				White	\neg
COMPLETED		(Specify only	EDENT'S EDU highest grade	completed)		Give kind of life. Do NOT u	work done	during mo	ON ast of workli	ng	168	. KIND OF BU	SINESS/IN	DUSTRY		
٦		Elementary/Secondary (0	-12)	College (1-4 or 5					,				. d			
		12th Grade 17. FATHER'S NAME (First, M.	144. 1	None		Secret	ary/	ROOK	4			eaboat		alty	y One	-
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BE	1	George Brent		sher								ourse				
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		Mail	LM	131			F	ranc	is G	asch	's S	ons Fu	mera	al Ho	ome, P.A.	
	4	1/44	CA	ISWIN	gu		4	739	Balt	imor	e Av	e. Hy	ttsv	71116	Md 2078	1
	Ш	23. PART I. Enter the di shock, or h		complications the List only one cau			not anter	r ths mo	de of dy	ing, suc	h sa can	disc or resp	iretory s	rrest,	Approximate interval Between	en
	1	IMMEDIATE CAUSE (FIR	nal		coho	1.5		/ 00	ho	16					Onset and Dea	ath
		disesse or condition resulting in death)	→	· /4/				(///	No.						yec~	
	4			DUE TO	(OR AS A CON	NSEOUENCE (NF):								i	
CERTIFICATION		Sequantisliy list conditi		b	(OR AS A CON	NSEQUENCE O)F)·									
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FIC		CAUSE (Disesse or injuthat initiated events	iry	DUE TO	(OR AS A CON	NSEQUENCE ()F):									
		resulting in death) LAS	Т	4												
												T			1	
CAL		PART II. Other significa		Brain		not resulting		nderlyin	g cause	given in	Part i.	24a. WAS AN		24	4b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO	
		- ON	car		7 / /	THE OF						1 TYES	2 🗌 NO		COMPLETION DF CAUSE OF DEATH?	
MED		(NY	pot h	yrocolu	n										1 TES 2 NO	
S Z												<u> </u>				
PHYSICIAN:		25. WAS CASE REFERRED T EXAMINER?	MEDICAL	HOSPITAL:			ОТНЕ	A:	LACE OF I							-
S		1 YES 2 140	_	1 Inpetient 2		of 3 □ DOA			JURY AT	esidenca	Υ	er (Specify) SCRIBE HOW	IN HIRV O	CHIDED		
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E A		a	investigation	26e: PLACE (OF INJURY A	At home, form	street, fac			_ 140	261, 1.0	CATION (Street	and Numb	er or Rum	Il Route Number,	-
		3 Suicide 6 4 Homicida	Could not be determined		, atc. (Specify)			,, ,,				or Town, State			, the same that the same	
COMPLETED		29a. CERTIFIER					_	_	_	_						_
M		(Check only		SICIAN: To the best o											e(a) and manner as stated.	
CON						arci ilivesingai	ion, in my	opinion, t				e and place, a			Mark	
B P		29b. SIGNATURE AND TITLE	OF CERTIFIE	ER / AJ	terd . 1	Phy	ررده		29c. LIC	ENSE NU	WBER V 79		29d. DA	TE SIGNE	EO (Month, Day, Year)	
Ē 2		30. NAME AND ADDRESS O	E DEDSON IN	HO COMPLETED CAL	ISE OF DEATH	(ITEM 27) /5-	a Drinel				()			1/4	1110	
1		SO I HAME AND ADDRESS O		ONOWI	terdij ISE OF OEATH TZ, MI	(I Em 21) (NO	300	GK	EEN	DE	190	RO, F	101	JE	MORDOL, MI	0
		31. DATE FILED (Month, Day,			AR'S SIGNATUI		-						-		20/06	_
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FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIE	NE
REGISTRAR	CERTIFICATE OF DEATH REG. N	0.

	1 - STATE REGISTRAR	SIAIE UF M		RTIF	ICATE OF	DEATH	MENIAL	REG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Lest)							OF DEATH			3. TIME OF DEATH
1	Torrey Du	irand		C	arter		MONTH 7	20		9()	9:58 P. M
í	4. SOCIAL SECURITY NUMBER 5.	SEX	8. AGE (In yrs. lest b	irthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C	F BIRTH		O. BIRTH	IPLACE (State or Foreign
	578 04 9275	[M 2 □ F	25	YRS.	MONTHS DAYS	HOURS MIN.	Feb.	Day, Year)	19	Countr	
	9a. FACILITY NAME (If not institution, give street	and number)			9b. CITY, TOWN O	R LOCATION OF D				NTY OF D	Wash D.
TOR	Southern Maryland Hospital Clinton										George's
FUNERAL DIRECTOR	10a. STATE Maryland 10b. COUNTY		10c. CIT	Fort W		ton		10d. INSIDE CITY LIMITS? 1 YES 2 NO			
BAL	10a. STREET AND NUMBER 11905 Hickory			101.	2074	4	10.0			of what country? ed states	
FUNI	1 Never Married 2 Married		TEVER IN U.S. ARMI		If yes, spe	NDENT OF HISPA city Cuban, Mexic 2 X NO Speci	NIC ORIGIN			14. RACI	E — American Indian, k, White, atc.
BY	3 Widowed 4 Divorced		Armv Re		_						DIACK
	15. DECEDENT'S EDUCATO (Specify only highest grade con	ION	16a, DECE	DENT'S	USUAL OCCUPATIO	N t of working	16b.	KIND OF BU	SINESS/INI	DUSTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during modes se retired.)			Daries	-+-		
P	2	years	Co	mpu	ter ope	erator		Priv	ate		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest) Ronald	a S. Ca	arter			16. MOTHER'S N		Tayl			
B	19a, INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Street &					p Code)	
임	Ronald S. Cart	er	1000		905 Hic				in olding an	0000)	
	20s METHOD OF DISPOSITION		20h PLACE OF		SITION (Name of cen				CATION —	City or Tr	num State
	1 ABurial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	I from Stata	other place	6)	Lincol	n Memo	orial				and,Md.
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Len	art.	I	Stev	nart Fu Benni	nera				
ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) S. Multiple Injuries OUE TO (OR AS A CONSEQUENCE OF):											Interval Batween Onset and Daeth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other algnificant conditions of	contributing to	death but not re-	sulting	In the underlying	csuse given i	n Part I.	24a, WAS AN	AUTOPSY	241	. WERE AUTOPSY FINDINGS
3								PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICAL							—]	XXYES	2 NO		DF DEATH?
Σ							- 1				TXXYES 2 NO
A S	25. WAS CASE REFERRED TO MEDICAL				00.00	ACE OF DEATH (C	`hhh	-1			
ō		OSPITAL:	ER/Outpetlent 3		OTHER:						
KS	TYPES 2 NO 1 27. MANNER OF DEATH	26s, DATE OF		J DOA 28b. TII	4 Nursing Hom AE OF 28c, INJ		_	CRIBE HOW	IN HIRW OV	CHRED	
ВУ РН	1 Natural 5 Pending 2 St. Accident Investigation	(Month, D	lay; Year)	IN	JURY WO	RK?	dri	ver of	aut	o lo	st control
	3 Suicide 6 Could not be	28e. PLACE O building,	F INJURY — At hom atc. (Specify)	_			281. LOC City	ATION (Street or Town, State	AII	ento	wn Rd, at
			r	coac			Lanh	an Dr.	.,Ft.	Was	sh., Md.
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER:										a) and manner as stated.
										B. Officeth Day March	
O BE	Mounto or	elle	ll			OCM			▶		1-90
2	30. NAME AND ADDRESS OF PERSON WHO O				e, <i>Print)</i> 111 Penn	St., B	alto.	, Md.	212	01	
	31. DATE FILED (Morith, Day, Year) JUL 27 90	32. REGISTRA	AR'S SIGNATURE								
	JUL 21 30 g	dia Dand	Andre								DHMH-16 Rev 1/8
	//										

nset, **

BALTIMORE, MARYLAND 21203-3146	2= rouns after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-transit permion, or removal. he medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

- 1	1. DECEDENT'S NAME (First, Middle, Last)							MONTH	DAY	YEAR	3. 1			
- 1	Je	sse	My	ron	Cai	n		7-20				1:00AM M		
	4. SOCIAL SECURITY NUMBER	6. SEX 6. AG	E (In yrs. lest	birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	IN 195	1 8. BIF	THPLA	CE (State or Foreign		
i.	578-74-9670	1 💢 M 2 🗆 F	38	YRS.	MONTHS	DAYS	HOURS MIN.	7. DATE OF BIR (Month, Day,) December	er 11	, Was	shir	ngton,D.C.		
	Se. FACILITY NAME (If not institution, give st	treet end number)			9b. CITY, 1	O MMO	R LOCATION OF DE			COUNTY OF				
DIRECTOR	Holy Cross Hos	pital			Sil	ver	Spri	ng	М	ontgo	mer	y County		
E E	10e. STATE 10b. COUNTY	r		10c. CIT	Y, TOWN OR	LOCAT	ION				10d	. INSIDE CITY		
	District of Colu	mbia		1	Washi	0						YES 2 NO		
FUNERAL	921 Ingraham St	reet, N. W.				10f.	20011			. citizen oi Uni teo				
5	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARI	MED			ENDENT OF HISPAN			o- 14. R/	ACE -	American Indien,		
	12 Never Merried 2 Married	FORCES? 1 XYE	DATES	0			cify Cuban, Mexican 2 NO Specify		tc.)	4.53	eck, Wr	nite, etc.		
BY	3 Wildowed 4 Divorced	1971/197	2		''		-25]	Black		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a, DE(CEDENT'S	USUAL OCC work done du se retired.)	UPATIC	N st of working	16b. KIND	OF BUSINES	S/INDUSTRY	,			
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MP	8th grade			Une	mploy	ed			No	ne				
0	17. FATNER'S NAME (First, Middle, Last)						18. MOTHER'S NA					_		
BE	James Art	hur	Cain				Helen	Edr	nonia	4	Alex	xander		
10	19e. INFORMANT'S NAME (Type/Print)				TAS MIDE		nd Number or Rural F					,		
-	James A. Cain, II						tucks Roa							
	20e. METHOD OF DISPOSITION 120 Burlel 2 □ Cremation 3 □ Rem	oval from State	other place Natio	OF DISPO			netery, crematory or			ON — City or				
	4 Donation 8 Other (Specify)		Natio	nal		_	Memoria		Land	over,	Man	ryland		
	21. SIGNATURE OF FUNERAL SERVICE LIC				22. N	AME AN	ID ADDRESS OF FA	Este	p Bro	s. Fu	ner	al Home, PA		
	> Hoyd Estep	>			130	00 E	utaw Pla							
	23. PART I. Entar tha diseases, or a shock, or haert failure.				not sntar t	ha mo	ds of dying, suc	h ss cardiac o	respirato	ry srreat,		Approximate Interval Between		
- 1	IMMEDIATE CAUSE (Final	a.c										Onset and Dasth		
	disease or condition resulting in dasth)	. Acute pa	ncrea	titi	s and	fa	tty live	r						
	11105-03-8,00 340,00	DUE TO (OR A												
Z	Sequantielly list conditions,	L ALCOHOLI												
	If any, laading to immediate	DUE TO (OR A	A CONSEC	DUENCE O	F):									
Ĕ	COURS Enter LINDERLYING	C												
FICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	c. OUE TO (OR A	S A CONSEC	QUENCE O	n:	OUE TO (OR AS A CONSEQUENCE OF):								
RTIFICATION		c. OUE TO (OR A	A CONSEC	DUENCE O	F):									
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d												
AL CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition	d				lerlyln	g cause given in		MAS AN AUTO		AWA	RE AUTOPSY FINDINGS		
DICAL CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d				leriyin	g cause given in	F		?	AVA			
MEDICAL CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition	d				lerlying	g cause given in	F	ERFORMED	?	CO	MILABLE PRIOR TO MPLETION OF CAUSE		
MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition	d				lerlying	g cause given in	F	ERFORMED	?	CO	MPLETION OF CAUSE DEATH?		
MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition SEIZURE DISOR 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d	h but not r	eauiting	In the und	26. PI	g cause given in	— ½	ERFORMED	?	CO	MPLETION OF CAUSE DEATH?		
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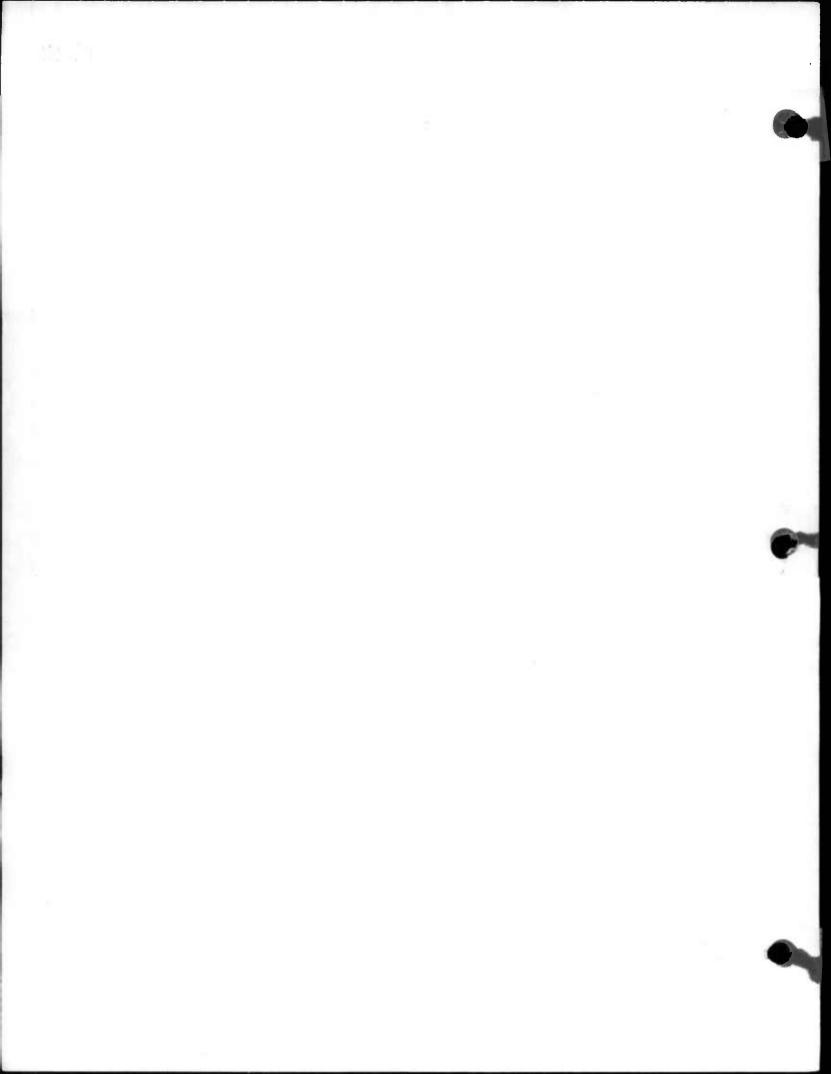
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DIVISION OF VITAL RECORDS, T.O. DON 13149,	TTEN	TOR:
2	DR A	DIREC
-1	IOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after death. Page 6	UNEBAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directs

-	FOR STATE REGISTRAR	STATE OF MAR		DEPARTME RTIFICA			MENTAL HYGIEN REG. NO.	_	
	1. OECEDENT'S NAME (First, Middle) Phillo	Phillip P	Carr	sakg			2. DATE OF OEATH MONTH D		3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 008-09-5763 98. FACILITY NAME (If not institution	1 M 2 □ F 7	AGE (In yrs. lest i	YRS. MONT		HOURS MIN.	7. DATE OF BIRTH 3-17-1914		BIRTHPLACE (State or Foreign Country) Prmont
СТОВ		NERAL HOSPITA	L	90.			MARYLAND		VI COMICO
DIREC	Maryland 10b. 0	orcester		Berl		ON			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	Delmarva Racew	ay			101.	21811	Fel	U. S	of what country? . A.
B	11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 IF YES, GIVE WAR	YES 2 NO	ED)	If yes, spe		IC ORIGIN? (Specify Year, Puerto Rican, etc.)	s or No.— 14.	RACE — American Indian, Black, White, etc. Specify: white
PLETED	15. OECEOENT (Specify only higher Elementary/Secondary (0-12)		(Glv. IIIa. L	EOENT'S USUA e kind of work d Do NOT use retin	one during mos ed.)	at of working	16b. KINO OF BU		TRY
BE COMPL	17. FATHER'S NAME (First, Middle, L Lorenzo Carra)						ME (First, Middle, Malden		
TO B	19a. INFORMANT'S NAME (Type/Pric		99	Harri	ngton	Ave. Ru	noute Number, City or Town	057	01
	20a. METHOD OF DISPOSITION 1 Burlal 2 □ Cremation 3 4 □ Donation 5 □ Other (Specific	y)	St. Pa	tricks	Cemet	·	Wal	lingfo	rd, Vt
	21. SIGNATURE OF FUNERAL SERV	M. Short	7			Funera. Box 204	Home Delmar,	DE 19	940
N	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. List only one cause a. Due to jon	on each line. A A CONSECUTION OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE				n es cardiac or resp		interval Between
ERTIFICATION	Sequentially list conditions, if eny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	۵	AS A CONSECU						
I: MEDICAL C	PART II. Other significant co	nditions contributing to dea	ath but not re	sulting in th	e underlying	g cause given in	Part I. 24a. WAS AP PERFO 1 YES	RMED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MED EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpatient 3		HER:	ACE OF DEATH (Ch	sck only one) 6 Other (Specify)		
ву РНУ	27. MANNER OF OEATH 1 Natural 5 Pendir 2 Accident Investi			26b. TIME OF INJURY		URY AT RK? /ES 2 NO	26d. OEŞCRIBE HOW	INJURY OCCUP	RED
TED	3 Suicide 6 Could 4 Homicide determ	not be 28e. PLACE OF IN building, etc.	NJURY — At hon . (Specify)	ne, farm, street	, factory, office		26f. LOCATION (Street City or Town, State		Rural Route Number,
COMPLE	one)	PHYSICIAN: To the best of my XAMINER: On the basis of exam							
TO BE C	29b. SIGNATURE AND THUE OF CO.	Molecular Marie Completed Cause C	OF OEATH (ITEM	7 1 27) (Type, Print	0	D347	68	•	IGNEO (Morth, Day, Year)
	Dr. JeFFRE	WIELAND 32. REGISTRAN'S	- 56	RIVE.	RSIDE	DRIVE	BIOI SA	LISBU	IRV MD 21801
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FOR STAT		STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIEN REG. NO.	
. DECEDE	ENT'S NAME (First, Middle, Last)	·	2. DATE O	F DEATH	_

			ATE OF	DEATH		EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF D	EATH DAY	YEAR	3. TIME OF DEATH
	Shirley Ellen	<u>C)</u>	heri	4 :	Ju/2	9 19	70	0118 4
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest bird	thday) IF I	UNDER 1 YEAR	F UNDER 24 HRS.	7. DATE OF B	Year	Count	HPLACE (State or Foreign
		YRS/	UATS	HOOMS WIN.	5-3-19	930	Mar	yland
	9e. FACILITY NAME (If not institution, give street and number)	9b.	CITY, TOWN C	R LOCATION OF DE	EATH	90	COUNTY OF	DEATH
5	PENINSULA GENERAL HOSPITAL		SAL	ISBURY,	MARYLAI	ND	WIC	OMICO
	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY 10	0c. CITY, TO	WN OR LOCAT	ION				10d, INSIDE CITY
DIRECTOR	Maryland Wicomico	Heh	ron					1 YES 2 NO
	10e. STREET AND NUMBER	1100		. ZIP CODE		10	g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	Rt. 1. Box 189 B			21830			U.S.A	
z	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED)	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Sp	ecify Yea or h	10- 14. RAC	E — American Indian,
	1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES		If yes, sp 1 🔲 YES	2 NO Specif	in, Puarto Rican y:	, etc.)	Spec	ck, White, etc.
84	3 Widowed 4 Divorced							Black
	(Specify only highest grade completed) (Give k	CENT'S USU kind of work NOT use ret	AL OCCUPATION done during mo	on st of working	16b. KINI	O OF BUSINES	SS/INDUSTRY	
ا ٿ	Elamentary/Secondary (0-12) College (1-4 or 5 +)			7222		None		
COMPLETED	12 1 Vr. Inc.	Mai	HLU . A	Dec . 2			eme)	
	Fulton James: Handy			Martha			,	
H		AILING ADD	ORESS (Street a	nd Number or Rural				
2	Leo Cherry Sr. Rt	-1Bo	x 189	B Heb	mon M	d. 2	1830	
		DISPOSITIO		netery, crematory or			ON — City or T	own, State
	Donation 5 Other (Specify) Spring		Gard	lens		Hebi	ron Mo	1.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AI	ID ADDRESS OF FA	CILITY	82	21 Wes	st Rd.
	Gladus B. Stours	ナ	Clind	on F.	Stowa	nt S	Selie	Ma 21801
	23. PART I. Enter the dieeases, or complications that caused the death	. Do not						Approximete
	shock, or heart fellure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Final	i						Interval Between Onset and Death
	diseese or condition and Acuste	na Im	an an	V Poli	em a			200
	DUE TO (OR AS A CONSEQUE	NCE OF):	4		211(4)	-		
z l	Sequentially list conditions,	cal_	In F	enction	1			
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	NCE OF):						
2	CAUSE (Disease or injury that initiated events	NCE OF):						
	resulting in deeth) LAST							
S S	PART II. Other eignificant conditions contributing to deeth but not reed	-	ne underlyin	g ceuse given in		PERFORMED)?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
	Mabeto mellitus, che	BITY			1 [YES 2	NO	OF DEATH?
Σ					-			1 YES 2 NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL		24 5	LACE OF DEATH (C)	hack anti- and			
5	EXAMPLER? HOSPITAL:		THER:					
¥		8b. TIME OF	_	IURY AT	28d. DESCRIE		RY OCCURED	
	1 Natural 5 Pending (Month, Day, Year)	INJURY	M 1	PK?				
) BY	2 Accident investigation 3 Suicide 6 Could not be building, etc. (Specify)	, farm, stree	it, factory, offic	a .	281, LOCATIO	N (Street and I	Number or Rural	Route Number,
Ē	4 Homicide determined				City or io	wn, State)		
2	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death	occurred at	t the time, date	and place, and du	to the cause(a) and menner	as stated.	
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination and/or inve	estigation, in	n my opinion, o	leath occured at the	time, data and	place, and du	a to the cause	(a) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER	29	d. DATE SIGNE	D (Mgnth, Day, Year)
BE C	MD 418019			218	614	_	7/1	1/90
2	30. NAME AND ADDRESS F PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 2	7) (Type, Prir	nt)		-		/	/ /
	Donak Jaggar							
	JUL 1 2 90 32. REGISTRAR'S SIGNATURE	4						
	JUL 1 2 90 Salia Pavillan Maria							

giệt 11 q.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-Tiours after death. Page 6 may be retained by the hospital or attending physician	iours after death. Page 6 may be retained by the hospital or attending physician
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer within 72 hours after death with the State Debt. of Health and Mental Hygiene prior to burial, cremation, or removal.	d in by the funeral director, page 5 should be detached for use as the burial-tra or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIEI REG. NO		
	1. DECEOENT'S NAME (First, Middle, List Alice R	•-		Co	ok	July	1 14	3. TIME OF DEATH 990 0935 M
	4. SOCIAL SECURITY NUMBER 218 - 16 - 934 98. FACILITY NAME (If not institution, give	7 1 □ M 2 M F	(In yrs. lest birthdey) 85 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7. DATE OF BIRTH 3-1-190	5	BIRTHPLACE (Stote or Foreign Country) Maryland
TOR	Peninsula Genera	Salisbury, MD			9c. COUNTY OF OEATH Wicomico			
DIREC	Maryland Wic	nty omico		y, town on Localisbu:				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
IERAL	702 Taylor S	treet		1	01. ZIP CODE 21801		U.S	
1 Never Married 2 Merried					A. RACE — American Indian, Black, White, etc. Specify: Black			
COMPLETED	15. DECEOENT'S E (Specify only highest gr Elementary/Secondary (0-12)		160. DECEDENT'S (Give kind of life. Do NOT u	work done during i se retired.)	TION nost of working	16b. KIND OF BI		STRY
BE COM	12 17. FATHER'S NAME (First, Middle, Last) Layfette Ne.	lson			18. MOTHER'S NA	ME (First, Middle, Melde Nelso		
10	190. INFORMANT'S NAME (Type/Print) William Coo.		724 I	lake S	t. Salis	Route Number, City or 10	1801	
	20a, METHOD OF OISPOSITION 1 Burlel 2 Cremation 3 R 1 Donetion 5 Other (Specify)	lemoval from State	Weed. Lav	m Cem	etery	De	lmar,	Md West Rd
	21. SIGNATURE OF FUNERAL SERVICE	B. Stewa	rt		and address of faraton F .			s. Md. 2180
CERTIFICATION	23. PART 1. Enter the dispases, shock, or heart fellul immediate CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS OUE TO (OR AS C.	aach line.	ONAI				Interval Between Onset and Death
PHYSICIAN: MEDICAL CE	PART II. Other significant condit	ilons contributing to deeth	but not resulting	in the underly	ing cause given in		AN AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINOINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	L HOSPITAL: 1 □ Inpatient 2 ★ ER/Ou	4-41-1 2 [201	OTHER:	PLACE OF OEATH (C)			
BY PHYS	27. MANNER OF DEATH 1 Natural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	28b. TII	ME OF 28c.	DIME S Reeldence NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	V INJURY OCCU	JREO
	2 Accident investigate 3 Suicide 6 Could not 4 Homicide determined	be 28e. PLACE OF INJUF	RY — At home, farm, pecify)	street, fectory, of	fice	281. LOCATION (Stree City or Town, Sta		or Rural Route Number,
COMPLETED	CONTROL OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA	HYSICIAN: To the best of my knowlines: On the best of exeminet						d, cause(s) end manner ee stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFICATION (FIER Older	upi.	M. D.	29c. LICENSE NU	MBER 9/2	29d. DATE	SIGNED (Month, Day, Year) $7 - 18 - 90$
	30. NAME AND ADDRESS OF PERSON DLM S 31. DATE FILEO (Morith, Day, Year)	WHO COMPLETED CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF COMPLETE CAUSE OF CAUSE OF COMPLETE CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE O	DEATH (ITEM 27) (Typ	e, Print)	Quincy	st.	SAL	s. Ald 21801
0	nn 20'90	28 Kus 10	miett.		/			

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FOR
STATE
REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	CERT	TIFICATE OF	DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	ROY Cont			2. DATE OF DEATH MONTH	3 GEAN	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest birth		IF UNDER 24 HRS.	7. DATE OF BIRTH	0. BIRTI	HPLACE (State or Foreign
214-07-1756		RS. MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 01-03	-01 HY	NDMAN PA
	NOR NUR. HON	1E PRINC	ESS A	NNE	Som	ERSET
10s. STATE 10b. COUNTY	100	. CITY, TOWN OR LOCAT	ION			10d. INSIDE CITY
	omico .	SALISBO	IRY			1 TES 2 NO
1306 Woodla	ND Rd	á	21801		USF	WHAT COUNTRY?
11. MARITAL STATUS 1 Noter Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 WHO IF YES, GIVE WAR OR DATES	13. WAS DEC	city Cultan, Mexica	tiC ORIGIN? (Specify Yes n, Puarto Rican, atc.) /:	or No— 14. RAC Blac Spec	
15. DECEDENT'S EDUC	ATION 16s. DECEDE	ENT'S USUAL OCCUPATION		16b. KIND OF BUS	SINESS/INDUSTRY	VHITE
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +) (Give kin life. Do N	nd of work done during mo: VOT use retired.)	st of working	_		
	DRA	PTSMAI			TLE	
17. FATHER'S NAME (First, Middle, Last) THEODORE	Cook		MARI	ME (First, Middle, Maiden / ELLE		EPTON
19a. INFORMANT'S NAME (Type/Print)	=RYE 136	ILING ADDRESS (Street a	nd Number or Rural	Route Number, City or Town	n, State, Zip Code)	121801
20s. METHOD OF DISPOSITION	20b. PLACE OF O	ISPOSITION (Name of cen	netery, cremetory or	206. LO	CATION — City or T	own. Stata
1 Donation 5 Other (Specify)	val from State	MAN C.	EMETE	ERV HY	NDM	AN PA.
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	22. NAME AN	D ADDRESS OF FA	FUNERA	L Hon	nF
+ gram. K	schway	501	SAMA	BILL RI	1 5A/	mdaiso
23. PAPT I. Enter the diseases, or co	omplications that caused the death.	Do not antar tha mo	da of dying, suc	h aa cardlac or reapl	ratory arrest,	Approximata
IMMEDIATE CAUSE (Final	iat only one cause on each ima.					Intarval Between Onset and Daath
disease or condition reaulting in death)		water on	rest			
	DUE TO (OR AS A CONSEQUEN	ICE OF):	ibh can i			
Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A CONSEQUEN	ICE OF):	chi ican in			
cause. Enter UNDERLYING CAUSE (Disease or injury	Sen	le desentin				
that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUEN	ICE OF):				
readiting in death) LAST						
PART II. Other algolificant conditions	contributing to death but not resul	iting in the underlying	g cause given in	Part I. 24s. WAS AN		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
				1 YES 2		COMPLETION OF CAUSE OF DEATH?
				_		1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL		26 04	ACE OF DEATH (Ch	ant anti anti		
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 D			6 Other (Specify)		
27. MANNED OF DEATH		b. TIME OF 28c, INJ		28d. DESCRIBE HOW I	NJURY OCCURED	
1 Natural 5 Pending 2 Accident Investigation	(WOTH), Day, Youry		YES 2 NO			
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, i building, etc. (Specify)	ferm, street, fectory, offic	•	28f. LOCATION (Street City or Town, State)		Route Number,
29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my knowledge, death of	occurred at the time, data	and place, and due	to the cause(s) and ma	nner as stated.	
ana)	R: On the basis of axamination and/or inves	stigation, in my opinion, d	leath occured at the	time, data and placa, ar	nd due to the cause	(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI	MBER	29d. DATE SIGNE	D (Month, Day, Year)
5 60	ell mo		DI	5081	7-	13-90
30. NAME AND ADDRESS OF PERSON WHO	well for Man	(Type, Print) Kan Kan	1-	- Mare or	10	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	nmm	I'm a	- TONE P	- 1/	
JUL 18'90	Whia Sarintan Bunkage.					

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 to be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

13811 1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR			CERTIF	ICATE	OF	DEAT	Н		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEATH
	Christie		Bryan	nt Cra	ig				MONTH O'7	19	3	90	1408 m
	4. SOCIAL SECURITY NUMBER	6. SEX		. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE C		-	-	PLACE (State or Foreign
	568-39-1053	1 □ M 2 X F	18		MONTHS	DAYS	HOURS	MIN.	(Month	-07-	71	Countr	y)
	9a. FACILITY NAME (If not institution, give		10			miniana d	R LOCATIO			-01		Call:	fornia
œ	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			7					EAIN		1000		
Ö	Peninsula Gen	eral Hos	pita	1	1	iali	sbu	ry				MICC	omico
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	TY		100 00	Y, TOWN O	R LOCAT	ION .						10d. INSIDE CITY
E													LIMITS?
0	Maryland Some	rset		wes	tover						1		1 YES 2X NO
3AI							ZIP CODE	E .			-		VHAT COUNTRY?
FUNERAL DIRECTOR	P.O. Box 34 Back						1871				USA		
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S	ARMED NO					NIC ORIGIN	(Specify Yes	or No-	14. RACE Black	- American Indian, c, White, stc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES	N.	1	TES	2 X NO	Specif	y:	atory		Speci	
													MUTCE
H	15. DECEDENT'S ED (Specify only highest gred	UCATION le completed)	16a	Give kind of	work done o	during mo	ON st of workin	10	18b.	KIND OF BU	SINESS/IN	DUSTRY	
H	Elementary/Secondary (0-12)	College (1-4 or 5+)		life. Do NOT u									
API	10		S	ales C	lerk				Der	partme	ent S	tore	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First, A	liddle, Msiden	Sumame)	4-5-	
BE (Ronald T. Bryant						Del	ores	Rodg	gers			
	19a. INFORMANT'S NAME (Type/Print)	4-9-1		19b. MAILING	ADDRESS	(Street a	nd Number	or Rural	Route Numb	er, City or Tox	rn, State, Z	ip Code)	
5	Ronald T. Bryant			P.O.	Box 8	37.	West	over	. MD	2187	71		
	204, METHOD OF DISPOSITION		20b. PL	ACE OF DISPO	SITION (Na	me of cer	netery, cren	natory or			CATION -	- City or To	wn, Stala
	1 (A Buriel 2 Cremetion 3 Red 4 Donation 5 Other (Specify)	movet from State	Dis	ciples	Of (Chri	st C	emet	erv	Sno	w Hi	11, 1	MD
	21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE /			22.	NAME AI	ND ADDRE	SS OF FA	CILITY				
	11/10/1	1004			I	Hast	ings	Fun	eral	Home			
	Crarley V	1/ Wist	2		9	Selb	yvil:	le,	DE 3	19975			
	23. PART I. Enter the diseasea, or shock, or heart failure				not enter	the mo	de of dy	ing, aud	h as card	lac or resp	iratory a	rrest,	Approximata
	IMMEDIATE CAUSE (Final	. List only one caus	e on eacn	nne.									Onaet and Daath
	disease or condition	Mult	iple	Trau	ma								
	reaulting in death)	-	-	NSEQUENCE C									
7		Auto	Acc	ident									- C V
O	Sequentially list conditiona, if any, lesding to immediate	101		NSEQUENCE C		_							
AT	cause. Enter UNDERLYING												
FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	NSEOUENCE C	OF):								
RT	resulting in death) LAST												
CE		a.											
DICAL CERTIFICATION	PART II. Other algnificant condition	one contributing to	death but r	not resulting	in the un	derlyin	g cause	given in	Part I.	24a. WAS AF		24b	WERE AUTOPSY FINDINGS
S										1 TES			COMPLETION DF CAUSE OF DEATH?
											37		1 YES 2 NO
2									_				
AN	25. WAS CASE REFERRED TO MEDICAL	T				26. PI	LACE OF D	EATN (C)	neck only on	e)			
2	EXAMINER?	HOSPITAL:			OTHER	A:							
Ι×S	27. MANNER OF DEATH	1 Inpatient 2 1		28b. Til	_		URY AT	seldence	6 Othe	CRIBE HOW	MI MIRW A	COURTE	
BY PHYSICIAN: ME	1 Natural 5 Pending	07-13	y, Ybar)	123	JURY M	WC	DRK?	20					- 1 3 1
BY	2 Coldent Investigation						YES 2 D	O NO	7	seng		_	ccident
	3 Suicide a Could not be 4 Homicide determined		rtc. (Specify)			tory, offic	a.		City	or Town, State)		Route Number,
COMPLETED	4 _ Itomoto continuo	Stre	et -	U.S.	13				Po	como	ke,	Md.	
PLE	29e, CERTIFIER (Check only	SICIAN: To the best of r	my knowledg	e, death occur	red at the t	ime, data	and place	, and du	to the cau	se(s) and ma	inner as at	eted.	
NO.	nne)	NER: On the basis of ex	amination an	d/or investigati	ion, in my c	opinion, d	lasth occu	red at the	time, date	and place, a	nd dua to	the cause(s) and manner as stated.
Ö	29b. SIGNATURE AND TITLE OF CERTIFI	IER					290 110	ENSE NU	MRER		294 04	TE SIGNE	(Month, Day, Year)
BE	01	1 - 10		Denist	77 1/1	TO					D		13 - 90
2	30. NAME AND ADDRESS OF PERSON W	(NO COMPLETED CAUSE	E DE DONTH	Deput		Li e		035	ブブ			0/-	1,7-30
	John T. Bulke					ъ1.	. 6.0	Das	d	Col:	ah	277 7	Md
	I JOINT T. DUIKE	TCA . MI	1	IVO	The	BILL	LLI	KOA	u.	0311	SUUT	-V . I	VIU.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within thous after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is merked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

JUL 1 6 90

32. REGISTRAR'S SIGNATURE ha Davidson-Randolle

327 ES 3

× ,

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40.10

7

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	STATE REGISTRAR	
_		 _

1 - STATE REGISTRAR	SINIE OF MINNTL	CERTIFIC	CATE OF	F DEATH	REG. 1	NO.		
1. OECEDENT'S NAME (First, Middle, Last)	2 12		Pre-		2. DATE OF DEATH	DAY	YEAR	. TIME OF DEATH
EPMUND	P. CAR	CR.			7/	8 39	0 11	6:00 AM
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPI Country)	LACE (State or Foreign
213 - 24 - 4058	1 💢 M 2 🗆 F	61 YRS.	HONTHS DAYS	HOURS MIN.	Nov. 30,	1928		yland
9a. FACILITY NAME (If not institution, give str	· ·		9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. CO	UNTY OF DE	NTH
Greater Laurel-Be	ltsville Hos	pital	Laure	el		Pr	ince G	eorge
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c CITY	TOWN OR LOC	ATION			Τ.	IDD. INSIDE CITY
	e George	Law		Allon			- 1	LIMITS?
10e. STREET AND NUMBER	e veorige	Law		IOF. ZIP CODE		10g. C		AT COUNTRY?
403 A Montrose Av	10 1110		- 1	20707			u.s.	
11. MARITAL STATUS	12. WAS OECEDENT EVER I	N U.S. ARMED	13. WAS D	ECENDENT OF HISPAN	NIC ORIGIN? (Specify	Yes or No-		- American Indian, White, etc.
1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 X NO	If yea,	specify Cuban, Mexica ES 2 X NO Specify	n, Puarto Rican, etc.		Black, Specify Whi	
15. DECEDENT'S EDUC (Specify only highest grade of	ATION Completed)	16a. DECEDENT'S L	ISUAL OCCUPA	TION	16b, KIND OF	BUSINESS/II	NDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		ork done during in retired.)	nosi or working				
Grade 7		Carpente	er		Const	ructio	on	
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Mai	den Surname		
Nicholas B. Carr				Beulah				
19a. INFORMANT'S NAME (Type/Print)				t and Number or Rural				
Lorraine Carr				se Ave.,				
20a, METHOD OF DISPOSITION 1 (A Burlel 2 Cremetion 3 Remo	uml denon Cdete	other place)					- City or Tow	
4 Donation 8 Other (Specify)	ti	nmanuel C		AND ADDRESS OF FA	Sc	aggsv	ille,1	Maryland
21. SIGNATURE OF FUNERAL SERVICE LIC	Landola.			and address of fa Ildson Ful Talbott		ie, P.	A.	nd 20707
23. PART I. Enter the diseases, or c	omplications that cause	d the death. Do no						Approximate
ahock, or heart failure. In iMMEDIATE CAUSE (Fine) disease or condition resulting in death)	lat only one cause or Theople	Allin	TOKI	aily				Interval Between Onset and Death
Sequentially list conditions,	DUE TO OR AS	CONSEQUENCE OF	Des	eau	^	•		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	ruct	we by	Jese	CLO		
resulting in death) LAST								
								1
PART II. Other significant condition	s contributing to deeth	but not resulting lo	n the underly	ing cause given in	PE	S AN AUTOPS RFORMEO?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
			-		_ 'UYE	- 2 100	1	OF DEATH? 1 YES 2 NO
·								120 2 110
25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF OEATH (C/	heck only one)			
EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3 DOA	OTHER:	ome 5 - Residence				
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	OF 28c.	INJURY AT	28d. OESCRIBE H		OCCUREO	
1 Natural 5 Pending	(Month, Day, Year)	INJ		WORK? YES 2 NO				
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJUR building, alc. (Sp.		treet, factory, o	ffice	28f. LOCATION (St City or Town, S		ber or Rural Ro	oute Number,
29a. CERTIFIER	Class To the best of the	udadaa dasee	d at 16 - 4 1	late and alone and a	to the accrete.		datad	
(Uneck only	CIAN: To the best of my kno R: On the besis of examinati							and menner as stated.
296. SIGNATURE AND TITLE OF CERTIFICATION	- (1) dr	en 1	w	29c, LICENSE NU	3916	29d. D	ATE IIGNEO	(North, Day, Year)
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	3 21	Prin	e Gedin	> 54	Lai	nel.	20707
31. DATE FILED (Month, Display)	32. REGISTRAR'S SIG	NATURE: Davidson-0	Pandelle	0	,			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within security after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit period within 72 hours after death with the State Dept, of Health and Mental Hygiens prior to burial, cremation, or removal. IMPORTANT; If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

25 30 g TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF NEARTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	ATE OF	SALTH AND I DEATH	MENTAL HYGIENI REG. NO.	E	
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	, ,	3. TIME OF DEATH
Carrie	M. Cull	hane			7 1		0 3:29 P M
4. SOCIAL SECURITY NUMBER		140	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	1.1	BIRTHPLACE (State or Foreign Country)
215-20-4806	1 🗆 M 2 📈 F	8 / YRS.			2/3/190	-	arÿland
90. FACILITY NAME (If not institution, give Memoria)	Hospital	91	E a	STON	EATH	ac. connt.	I DOT
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	~	Lan CITY T	OWN OR LOCAT	1041			10d. INSIDE CITY
			ralsb				LIMITS?
Maryland Car	oline	Trede		ZIP CODE		10a, CITIZEN	OF WHAT COUNTRY?
106 Reliance	Avenue			216	32	11	S Δ
11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES			ENDENT OF HISPAN	NIC ORIGIN? (Specify Yee in, Puerto Rican, atc.)	or No 14.	. RACE American Indian, Black, White, etc.
1 Never Married 2 Married 3 XWidowed 4 Divorced	IF YES, GIVE WAR OR D			2X NO Specifi			Specify: White
15. DECEDENT'S EDU (Specify only highest grade	JCATION D. COMPONENTO	16a. DECEDENT'S US (Give kind of work	UAL OCCUPATION	ON of working	18b. KIND OF BUS	INESS/INDUS	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT use re	etired.)	st or working	0.4	1.1	
	2 yrs.	Homem	aker			Home	
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meiden		
John B. B	artell	Top Mall ING AC	DDESC (News)	Emma	Childres Route Number, City or Town		artell
Mrs. Eleanor	Jo Corwin				ederalsbu		
20a, METHOD OF DISPOSITION 1 XBurlel 2 Cremetion 3 Ren 4 Donation 8 Other (Specify)	novel from State	other place) Hill Cre					or Town, State Sburg, MD
21. SIGNATURE OF FUNERAL SERVICE LE		IIII CIC.		ID ADDRESS OF FA		CIGI	burg, mb
▶ Michael 3	- Eskow		Frag	2 43-H	awkins Fu Federalsh	neral	l Home MD 21632
23. PART I. Enter the diseases, or	complications that cause. List only one cause on a						
IMMEDIATE CAUSE (Final disease or condition resulting in desth)	Refro	ctory	Vin	Frew	An Ans	LyTi	Onset and Death
_	DUE TO (OR AS	A CONSEQUENCE OF:	Steri	77	rseere	/	
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF:	1	7	te		
cause. Enter UNDERLYING CAUSE (Disease or Injury	E. DUE TO (OR AS	A CONSEQUENCE OF	200	the	The	nos	200
that initiated events resulting in death) LAST	PRODUCTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF						
PART II. Other significant condition	ns contributing to death i	but not resulting in	the underlyin	g cause given in	Part I. 24a. WAS AN PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
							1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL	1		26. PI	LACE OF DEATH (C/	back only one)		
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		THER:		8 Other (Specify)		
27. MANNER OF DEATH 1 Neturel 8 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (Y WC	URY AT DRK? YES 2 NO	28d, DESCRIBE HOW I	NJURY OCCUP	RED
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e PLACE OF INJUR	Y — At home, ferm, stre	et, factory, offic		281. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,
29a, CERTIFIER 1 CERTIFYING PHYS	SICIAN To the best of my know	vladne, death accurred	at the time date	and place and do	to the causelet and mor	mar se etetad	
(Check only one) MEDICAL EXAMIN							cause(s) and manner as stated.
296. STEMATURE AND TITLE OF CERTIFIE	1)		29c. LICENSE NU	MBER	29d. DATE S	SIGNED (Month, Day, Year)
30. HAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, P	rint)	1			
21 DATE SHED (March Co. March	22 DEGISTALDIO CO	MATURE					
31. DATE FILED (Month, Day, Year) JUL 20 '90	32. REGISTRAR'S SIGN	Widson Bond	00				

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mous after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-18 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed with.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH														
	RUI	FFIN	JOSE	РН	CADO	R				JULY	14	1990 1225			
	4. SOCIAL SECURITY NUMB		5. SEX	8. AGE (In yrs. les	t birthday)	IF UNDER		IF UNDER	7	7. DATE O	F BIRTH		8. BIRTH	IPLACE (State or Foreign	
	438-38-2127		1X M 2 F	61	YRS.	MONTHS	DAYS	HOURS	MIN.	9718	3728		L	ouisisana	
	98. FACILITY NAME (If not in	stitution, give s	treet and number)		F 31			OR LOCATI		ATH		9c. COU	NTY OF E		
R	Malcolm Gr	Malcolm Grow USAF Medical Cent				And	lrew:	SAFB	, MD			Dri	nce	George	
5	RESIDENCE OF DECEDENT											FFI	Ш.Е.		
BY FUNERAL DIRECTOR	Delaware Kent				10c. CITY, TOWN OR LOCATION 10d. INSIDE CIT LIMITS?						LIMITS?				
<u> </u>				0100								1 YES 2 X NO	-		
¥.	10e. STREET AND NUMBER	CO F-	7 to 0	3			10	. ZIP COD				10g. CITIZEN OF WHAT COUNTRY?			
E I	Rt3 Box 7		19943 ARMED 13, WAS DECENDENT OF HISPANIC ORIGIN? (Specify					45 44 34	S. N.		E — American indian.	_			
5	11. MARITAL STATUS 1 Never Married 2 X	Married		YES 2 MAR OR DATES		13.	It yes, sp	ecify Cubi	en, Mexica	n, Puarlo R		or No-	Blac	k, Whita, etc.	
A	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES				1 Tes 2 No Specify:				y:			Spec	"Black		
		EOENT'S EDU		16a. Di	CEDENT'S	USUAL	CCUPATI	ON		16b.	KIND OF BU	SINESS/IN	DUSTRY		
BE COMPLETED		Elementary/Secondary (0-12) 1 College (1-4 or 5 1) eg				work done se retired.)	during m	ost of work	ing		2			C-11	
	Lientenary Court (1	l yr. col	leg	Sec	curit	ty G	uard		D	elawa	re St	ate	College	
	17. FATHER'S NAME (First, M							18, MOT	HER'S NA	ME (First, M	iddle, Maiden	Sumame)		Dan	
C	Manchester	Cado	or Dec					Or	nest	ia J	eanpie	erre		Dec	
	19a. INFORMANT'S NAME (19	b. MAILING	3 ADDRES	S (Street	and Numbe	or Aural	Route Numb	or, City or Tow			on sale.	
2	Margaret	Cado	r		4711	Sha	lim	ar [or. N	lew (rlear	is L	.a. 7	0126	
	20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, State														
	4 Donetton 5 Other (Specify)										aware 1970:	1			
	21. SIGNATURE OF FUNDRAL SERVICE LICENSES														
	222 N. Oueen Street Dover Delaware 19901										01				
	23. PART i. Enter the d	liseeeee/or	complications th	et ceused the d	eeth. Do									Approximete	01
			List only one ca	use on each iln	е.									Interval Betwee	
	disease or condition ADIT TO DECENT ATTORNEY DECENTRATIONS														
	resulting in deeth) s. ADULT RESPIRATORY DISTRESS SYNDROME DUE TO (OR AS A CONSEQUENCE OF):										_				
,	DISSEMINATED INTRAVASCULAR COAGULATION														
CERTIFICATION	Sequentielly list conditions, if sny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):														
CA	cause. Enter UNDERLYING CAUSE (Disease or injury c. ADENOCARCINOMA OF BILE DUCT														
H	that initiated events OUE TO (OR AS A CONSEQUENCE OF):														
ERI	resulting in death) LAST d. PYOGENIC LIVER ABSCESS											_			
O	PART II. Other algoritic	ent conditio	ns contributing t	o deeth but not	reaulting	in the u	ınderivi	ng cause	given in	Part i.	24a. WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDIN	HGS
MEDICAL					t reaulting in the underlying cause given in Part i.				122	PERFORMED?			AVAILABLE PRIOR TO COMPLETION OF CAUSI	E	
EDI										- 1	1 TYES	NO X		DF DEATH?	
100														1 TYES 2 X NO	
AN	25. WAS CASE REFERRED	TO MEDICAL		_	-		26 (PLACE OF	DEATH (C	heck only on	a)	_			
PHYSICIAN:	EXAMINER?		HOSPITAL:	☐ ER/Outpatient	2 DOA	OTHE	R:								
HYS	27. MANNER OF DEATH		28a, DATE C		28b. Tf	ME OF	26c, It	JURY AT	Healdence	a Other	CRIBE HOW	INJURY O	CCURED		
	**	Pending		Day, Year)	10	JURY M	W	ORK? YES 2	□ NO						
BY	2 Accident 3 Suicide	Investigation	28e. PLACE	OF INJURY — At I	ome, farm	, street, fa	_						er or Rum	Route Number,	
ED	4 Homicide	Could not be datermined	building	g, atc. (Specify)						City	or Town, State)			
Ш	29a. CERTIFIER			New York											
MPI	(Check only		SICIAN: To the best											(a) and manner so stated	d
COMPLETED				azammenton ango	nivestigat	non, m my	/ pillion,				and place, a				-
BE	296. SIGNATURE AND TITL	E OF CERTIFI	ER AAAD	- USAK	MC			29c. Li	CENSE NU	MBER		29d. D/	NTE SIGNE	D (Month, Day, Year)	
2	Auany 2	use	er											14, 1990	_
	30. NAME AND ADDRESS O										MEDI		CENT	ER	
	SUSAN C. BE			USAF, M			ANDR	EWS	AFB,	MD 2	0331-	5300			_
	31. DATE FILED (Month, Day	8 '90	32. HEGISTI	ha Davidso	n-Ran	dell									
	שו טען ב	JU	1 (/										_		

BALLIMORE, MARYLAND 21203-3146	urs after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.	the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the to be fled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT, if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

STATE	OF	MARYLA	ND /	DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
			CE	RTIFICATE	0	F DEAT	H		REG. NO.

FOR STATE REGISTRAR		STATE OF MARY		EPARTMEN'				YGIENE EG. NO.		
1. DECEDENT'S NAME (First	n, Middle, Last)		02,				2. DATE OF D MONTH		YEAR 90	3. TIME OF DEATH PM
4. SOCIAL SECURITY NUM 212-14-75 96. FACILITY NAME (# not	BER 02	X M 2 G F	E (In yrs. lesi bli	YRS. MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN. LOCATION OF DE	7. DATE OF BI (Month, Day 08-06	18TH (Year) 5-99		HPLACE (State or Foreign ry)
	NURSIN					FREDER:			LVER	
SOLOMONS RESIDENCE OF DE 100. STATE MD.	10b. COUNTY	ERT	1	OWIN	GS.		10d. INSIDE CITY LIMITS? 1 VES 2			
10e. STREET AND NUMBER 201 C1yde 11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Dec	Jones Married	Road 12. WAS DECEDENT EVE FORCES? 1 YI IF YES, GIVE WAR OF	S 2 NO		WAS DECEI		D689 ENT OF HISPANIC ORIGIN? (Specify Yes or No— Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Ind Black, White, etc.			
15. DE (Specify of	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)				B. DECEDENT'S USUAL OCCUPATION (Glow kind of work done during most of working life. Do NOT use retired.) Farmer Tobacco					
Joseph Be	17. FATHER'S NAME (First, Middle, Lost) JOSEPH BOOZE 190. IMPORMANT'S NAME (TransPoint)					Cora	ER'S NAME (First, Middle, Meiden Surname) Cora Coates			
Pearl Jon	196. INFORMANT'S NAME (Type/Print) Pearl Jones 201 Clyde Jon 206. METHOD OF DISPOSITION 206. PLACE OF DISPOSITION (Name of corrections)				es Rd. S			ry1ar		
1 M Buriel 2 Cremet 4 Donation 5 Othe 21. Signature Of Funer	lon 3 Remov	ral from State	other place	ses Ce	meter		CILITY	Lothia	n, Ma	ryland
23. PART I. Enter the	CLY E	mplications that cau	QQ sed the deet					Prince	Fred	Beach Rd. erick, Md
ahock, or IMMEDIATE CAUSE (F disease or condition resulting in death)	inei	Chalo C		ENCE OF):	م ۱۰۰	4	-		- 2	Interval Between Onset and Death
If any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
ad	o. Other significent conditions contributing to death but not read advanced as a		h but not res	ulting in the u	inderlying	cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO				b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED EXAMINER?		HOSPITAL:		OTHE		ICE OF DEATH (CA	neck only one)			
25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 8	Pending Investigation	28a. DATE OF INJUI (Month, Day, Yei	RY :	28b. TIME OF INJURY	28c. INJU WOR			secify) SE HOW INJURY	OCCURED	
	Could not be datarmined	28e. PLACE OF INJU building, etc. (S	JRY — At home Specify)	o, farm, street, fa	ctory, office		281. LOCATION (Street and Number or Rural Route Number City or Yown, State)			Route Number,
CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTR		IAN: To the best of my ki								(a) and menner as stated.
298. SIGNATURE AND TITLE OF THE SIGNATURE AND ADDRESS	M	COMPLETED CAUSE OF	DEATH (ITEM :	27) (Type, Print)		29c. LICENSE NU	615	29d.	P 26	(SO)
Rondo	17 Das	cm de	E	> hu F	ind	rich c	n 0 2	10672)	
31. DATE FILED (Month, De	0 1990	132 REGISTRARIES	n-Manae							

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 inclurs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEZACIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be discussed from use as the burial-transit permit. Pages 1, 2, 3 should be discussed from the State Dent. of Health and Mental Hydelie prior to burial, cremitation, or removal.	ic event, the medical examiner must be notified at once.	N TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be used	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fact in the first within 20 hours after death with the State Dent. of Health and Mental Hydielle prior to burial, cremation, or removal.	IMPORTANT. It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPARTM			IENTAL HYGIENE		
1. OECEOENT'S NAME (First, Middle, Last)		OEIII II IO	AIL OI	DEATH	2. DATE OF DEATH	-	3. TIME OF DEATH
Garey Wayne	Burrill S	r.			July 24	Y YEAR 1990	3:00 a M
4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6. BIR	THPLACE (State or Foreign ntry)
212 54 5072	1 🔀 M 2 🗌 F	39 YRS. MO	NTHS DAYS	HOURS MIN.	6-9-51	000	KY
9a. FACILITY NAME (If not institution, give s		91	CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY OF	DEATH
2100 Brickhouse	Rd.		Dunki:	rk		Calver	:t
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	v	400 CETY T	DWN OR LOCAT	104			10d. INSIDE CITY
	lvert		Dunkir				LIMITS?
10e. STREET AND NUMBER	14610			ZIP CODE		16a. CITIZEN OF	WHAT COUNTRY?
2100 Brickhouse	Road		1995	20754		USA	
11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS DEC		IC ORIGIN? (Specify Yea	or No- 14. RA	CE — American Indian,
1 Never Married 2 Married	FORCES? 1 IF YES, GIVE WAR (If yes, spi	city Cuban, Mexican 2 ☑ NO Specify:	, Puerto Ricen, etc.)	Ble	eck, White, etc.
3 Widowed 4 Divorced				90			white
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S US (Give kind of work	done during mo	IN st of working	16b. KIND OF BUS	INESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT use re	stired.)				
10		Engineer-	- Heati				
17. FATHER'S NAME (First, Middle, Last)				Management of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the	ME (First, Middle, Malden :	Surname)	
James E		Burrill		Nannie			nes
19a. INFORMANT'S NAME (Type/Print)					oute Number, City or Town	n, Stata, Zip Code)	
Carol Jean Burri	.11		as 10 a		a barrens		
20a, METHOO OF CISPOSITION 1 ↑ Burial 2 □ Cremation 3 □ Ram	novel from State	20b. PLACE OF DISPOSITI				CATION — City or	
4 Donation 5 Other (Specify)	FNSFF	Southern	-	ial Garde		rirk_(Ca	lvert) MD
11/11/	716	2/1					
11.11/21	al /	2000			1 Home, C		MD 20736
23. PART I. Enter the disaeses, or shock, or haert fellure.	List only one cause	the death. Do not	enter the mo	de of dying, such	ss cardlec or respli	ratory arrest,	Approximate Interval Between
IMMEDIATE CAUSE (Finel	m	++	/				Onset and Death
disease or condition resulting in death)	114	estelle to	eur C	ancer			8 Mouths
	OUE TO (OR	AS A CONSEQUENCE OF	7				
Sequentially list conditions,	b	AS A CONSEQUENCE OF):	V				
If sny, lasding to immediata cause. Enter UNDERLYING	DOE 10 (OK	AS A CONSEGUENCE OF J.					
CAUSE (Diseese or Injury that initiated events	cOUE TO (OR	AS A CONSEQUENCE OF):					
resulting in death) LAST							
	0.						
PART II. Other significant condition	ns contributing to dec	ith but not resulting in	the underlyin	g cause given in i	Part I. 24s. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
					1 _ YES 2	XNO	COMPLETION OF CAUSE OF DEATH?
					_ ′		1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF DEATH (Che	ick only one)		
1 TYES 2 TO NO	1 - Inpetient 2 - ER	/Outpetient 3 DOA 4	☐ Nursing Hor	-	6 Other (Specify)		
27. MANNER OF DEATH	28a. DATE OF INJ (Month, Day,)	DRY 286. TIME (INJUR	Y WC	URY AT DRK?	28d. DESCRIBE HOW II	NJURY OCCURED	
Z Accident Investigation			m 'U	YES 2 NO			
3 Suicide 8 Could not be 4 Homicide determined	building, etc.	JURY — At home, farm, stre (Specify)	et, factory, offic	•	281. LOCATION (Street a City or Town, State)		al Route Number,
200 CENTICIED 1							
onel only	1000000	knowledge, death occurred					
2 MEDICAL EXAMIN	ER: On the been of axam	nation and/or investigation,	in my opinion, o	leath occured at the	time, date and place, an	d due to the caus	e(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE		W Company		29c. LICENSE NUN	003/L,5	29d. DATE SIGN	24/90 (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	HI COMPLETED CAUSE O	OF CEATH (ITEM 27). (Type, Pi	rint) /	1	2 4 -		740
HARVEY Z-	KATZER	MU 882	s le	OU WKE	el Roj	Chin	7cx /20
JUL 2 7 19	90 Julia Dec	SIGNATURE PENDER					,

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	PITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	-
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	r this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 stx		
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PHYSICIAN: The law requires that the death certificate be executed within a pure useful. Fage o findy be retained by the hospital of attenting physician.	has b	Dept.	1 23
N. III	heate	State	Hen
SICI	certi	th the	d, 0
G PH	er this	eath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	narke
NON	R: Aft	er des	I S I
4 All	SECTO !	led within 72 hours after death	PORTANT: It tiem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.
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SPIL	UNER	ithin 7	INT
INF H	THE FI	w pal	PORT
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1 - FOR STATE REGISTRAR

		/ DEPARTMENT OF HEALTH AND	MENTAL HYGIENE REG. NO.
(First, Middle, Last)	JAMES THOMA	S DENT	2. DATE OF DEATH DAY

	James De	JAMES TH	OMAS DEI	TV			MONTH	DEATH DAY	1 -4	EAR 3.	10:42A M		
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthde)	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I		939		CE (State or Foreign		
OR	9e. FACILITY NAME (If not institution, give street LIBERTY MEDICAL				r, town o	IR LOCATION OF DE	ATH		BALTIMORE CITY				
FUNERAL DIRECTOR	100. STATE 10b. COUNTY MD. BALTI	MORE CITY		10c. CITY, TOWN OR LOCATION BALTIMORE 10d. INSIDE CITY LIMITS? 1X yes 2 □ NO						LIMITS?			
BAL	100. STREET AND NUMBER 1143 N. CALHOUN S	TREET		101. ZIP CODE 21217					-	S.A.	COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 X NO		If yes, sp	ENDENT OF HISPAN ecity Cuben, Mexice 2 NO Specifi	n, Puerto Rice		or No- 14	Black, Wi	American Indian, hite, etc.		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12) 12TH. GRADE	TION impleted) College (1-4 or 5+)	(Give kind a	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) ABORER CITY GOVERNMENT									
	17. FATHER'S NAME (First, Middle, Laet) THOMAS GROSS				18. MOTHER'S NA	ME (First, Midd	fle, Maiden S	Sumame)					
TO BE	19a. INFORMANT'S NAME (Type/Print) CURRIE C. GUNN					nd Number or Rural					20705		
	20a, METHOD OF DISPOSITION 20b, PI			OSITION (N	. FOREST ROAD, LANDOVER, MARYLAND 20785 N (Name of comotory, cramatory or MORIAL GARDENS LEONARDTOWN, MD. 2065						State		
	21. SIGNATURE OF FUNERAL SERVICE LICE	Land.	(1)	22	MATT	INGLEY—C	CARDINE	ER FU	NERAL	HOME			
CERTIFICATION	23. PART/I. Enter the diseases, or co shock, or hast failure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	each line.	(4 /5 : OF):	interval Between Onset and Da Milwife! milwife:						Approximata interval Between Onset and Dasth Miles (e)			
: MEDICAL	PART II. Other algnificant conditions contributing to deeth but not resulting in Burdle Walve Nephrement					PERFORMED? 1 YES 2 NO OF DEATH					RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ		LACE OF DEATH (C	heck only one)						
PHYSICIAN		1 Inpatient 2 ER/Ou 26e. DATE OF INJURY (Month, Day, Year)	26b.		28c. IN.	IURY AT DRK? YES 2 NO	-		IJURY OCCU	RED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUF building, etc. (Sp		m, atreet, fe				ON (Street e Town, State)	et end Number or Rural Route Number, (te)				
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINER										nd manner ee stated.		
B		pus				200 LICENSE NU 20763			29d. DATE !	BIGNED (MI	onth, Day, Year)		
5	711471000	COMPLETED CAUSE OF E	1 1 - 5	MARYI	AND.	AVENUE 2	BALTIN	10RE,	MARYI	LAND	21200		
	JUL 1 9 '90	Julia David		02			Ш				DHMH-16 Rev 1/8		

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	EALTH AND I	MENTAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)	mail	7 1	10			AY YE	3. TIME OF DEATH		
	JEYLYUG		POYOLO	Son.	IF UNDER 24 HRS.	7. DATE OF BIRTH	90	BIRTHPLACE (State or Foreign		
	216-76-8477	1 🗆 M 2 🖫 F	69 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 05-19-21	(aryland		
~	9s. FACILITY NAME (If not institution, give			9b. CITY, TOWN C	R LOCATION OF DE	EATH	9c. COUNTY			
DIRECTOR	Anne Arundel Me	dical Cent	er	Annapo	lis		Anne Arundel			
REC	10a. STATE 10b. COUNT			Y, TOWN OR LOCAT			10d. INSIDE CITY LIMITS?			
	MD Anne	Arundel	Cro	ownsvil	le ZIP CODE		1 TYES X NO			
RA	1192 Generals	Highway		100	21032			SA		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I		13. WAS DEC	ENDENT OF HISPAN	NIC ORIGIN? (Specify Yes		RACE - American Indian,		
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			2 NO Specific	n, Puarto Rican, atc.) y:		Black, White, etc. Specify:		
	15. DECEDENT'S EDU	JCATION	16a. DECEDENT'S	USUAL OCCUPATION	ON	18b. KIND OF BU	SINESS/INDUST	White		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1.4 or 5.1)		work done during me se retired.)	st of working	TT a co	l 7	7		
MPI	9	Houseke	seber			sehol	a			
8	17. FATHER'S NAME (First, Middle, Lest) Wilbur Donald	lson				S NAME (First, Middle, Maiden Surname) Mayhew				
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Number, City or Tow	n, State, Zip Coo	de)		
5	Thomas Donald					hway, Cr	ownsv	ille,MD		
	20a. METHOD OF DISPOSITION 1 Direction 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) Metro Crematory 20c. LOCATION — City or Town, State 20c. Baltimore, MD									
	21. SIGNATURE OF FUNERAL SERVICE LI		letro Cr	22. NAME A	V ND ADDRESS OF FA	CILITY	timor	e, MD		
1	+ Theres	1 Daida	1/1			neral Ho				
	23. PART I. Enter the diseases, or			not enter the mo	Annapol de of dylng, suc	is Road.	Iratory srrest	, Approximate		
	IMMEDIATE CAUSE (Finel	Liet only one ceuse on e	eech line.					Interval Between Onset and Death		
	disease or condition resulting in death) a. STAPIT SCPSIS DUE TO (OR AS A CONSEQUENCE OF):									
_	- RENAL FATILIRE Caronic									
OT O	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
ICA	CAUSE (Disease or Injury Due TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	thet initiated events resulting in deeth) LAST									
	PART II. Other significent conditio	ne contributing to deeth (but not regulting	In the underlyin	a cause alven in	Part I. 24a. WAS AM	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
MEDICAL		VEGETAT				PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MED							100	OF DEATH?		
N.								<u> </u>		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C)					
HYS	1 YES 2 PNO 27. MANNER OF DEATH	1 (¥ Impatient 2 ☐ ER/Out 28a. DATE OF INJURY	28b. TIR	NE OF 28c. IN.	JURY AT	8 Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCUR	IED		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	. IN		YES 2 NO					
	3 Suicide 8 Could not be	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, ecify)	street, factory, offic		281. LOCATION (Street City or Town, State		Rural Route Number,		
E	4 Homicide detarmined									
COMPLETED	(Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, deta and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
	29b. SIGNATURE AND TITLE OF	711/)	^	29c. LICENSE NU	MBER	29d. DATE SI	IGNED (Month, Day, Year)		
PO BE	Berry K.	pathan	4De M	()	123	454	1 7	125/90		
AC.	BARRY R. A.	ATHA 1	EATH (ITEM 27) (Type	o, Print)	FRAIN	THE	Annaf	MA SIMO		
	31. DATE FILED (Month, Pay Year) 7.	99 32. REMSTRAR'S SIG	NATURE AND A	M.	AUNIL		ANVILL)		
	447 41	John Manney	-							

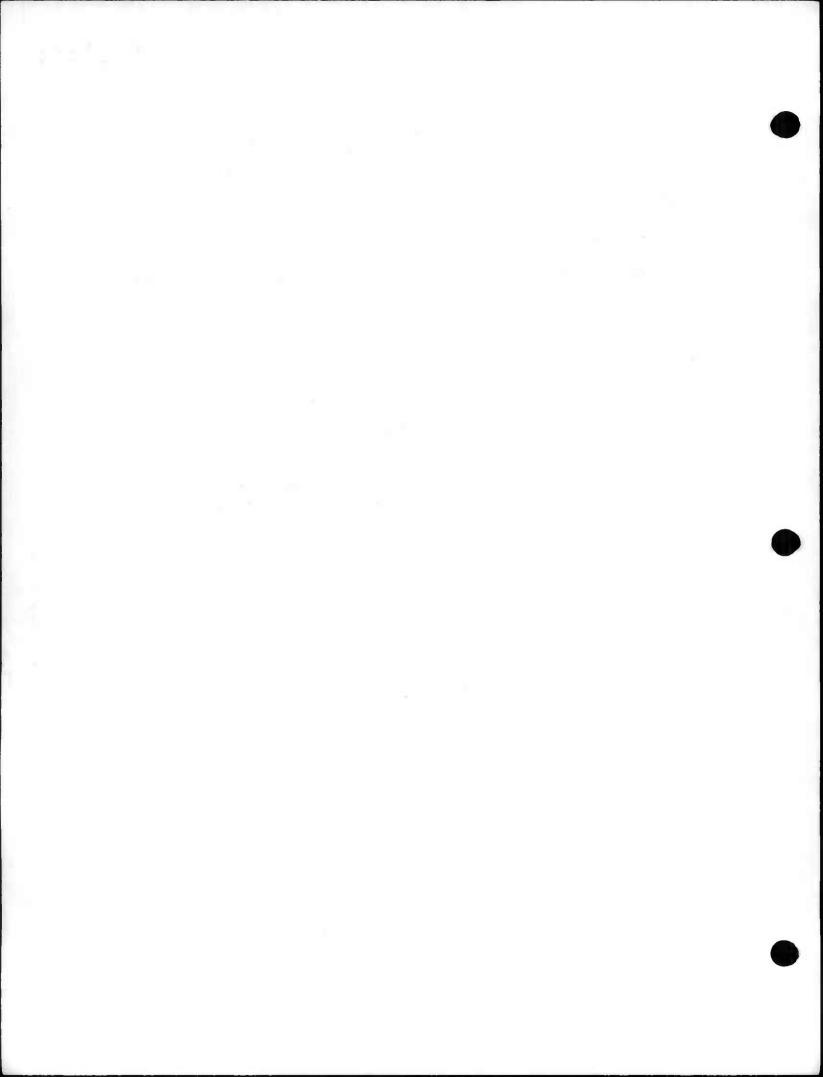
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DIVISION OF VITAL RECORDS, F.O. BOA 13148,	SPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	
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	1 - STATE STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.									
		1. DECEDENT'S NAME AFIRST, MICHOLO, LAST) Madeline M. Dublin				2. OATE OF DEATH MONTH DA	YEAR	3. TIME OF DEATH		
(F)		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTH (Month, Day, Year)	B. BIRT	THPLACE (State or Foreign	
Ea)		210-24-5291 9a. FACILITY NAME (If not institution, give	1 M 2 XF	88 YRS.		OR LOCATION OF DEA	U9/15/0	9c. COUNTY OF	nsylvania OEATH	
2	OR	Greater Laurel Beltsville Hospital Laurel Prince George's								
ges 1,	DIRECTOR				Y, TOWN OR LOCAT	TOWN OR LOCATION			10d. INSIDE CITY LIMITS?	
MAINU AIROS-3140 If the hospital or attending physician. be detached for use as the burial-transit permit. Pages 1, at once.	18	Maryland Prince George's Riverdale				7 ZIP COOF	1 1 1 1 2 PES 2 INC			
	ERAL	4705 Tuckerman Street				20737 U.S				
	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS OCCEDENT EVER IN U.S. A FORCES? 1 YES 2 WIF YES, GIVE WAR OR DATES			ARMED 13. WAS DECENDENT OF HISPANIC ORIGI If yes, specify Cuben, Mexicen, Puerto 1 YES 2 NO Specify:					
	TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUB (Iffer kind of work done during lifte. Do NOT use retired.)								
	COMPLETED	Unknown	Elementary/Secondary (0-12) College (1-4 or 5 +)						at Shop	
		17. FATHER'S NAME (First, Middle, Lest) Jereminah Onkst				- Action of the second	ER'S NAME (First, Middle, Maiden Surname)			
	TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural								
2 8 0		John L. Talbot (S					Riverdale			
age 6 may director, p		20s. METHOD OF DISPOSITION 1 Donation S W Other (Incom) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) Calvery Cemetery Altoona, Pennsylvania								
r death. Pe funeral al.		21. SIGNATURE OF FACILITY Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Ave. Hyattsville, Md. 20781								
ed within 24-mours aft ompletely filled in by il, cremation, or remo	CERTIFICATION	23. PART i. Enter the diseases, or shock, or heert feilure IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	. Liet Dnly Dne cause Dn e	ech line.			as cardiac or resp	iretory arrest,	Approximate interval Between Onset and Daeth	
		disease or condition resulting in desth) a. Cavalac Grikthy 19 Due to (or as a consequence of) Sequentially list conditions, Due to (or as a consequence of): Due to (or as a consequence of):								
		Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury c								
ie physical		couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
atten atten Y. 0			d							
signed by the Health and M ws any inju	MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Other significant co								
law rek		25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)								
E at a	PHYSICIAN:	EXAMINER?	HOSPITAL:	patient 3 🗆 DOA	OTHER:	ne 6 🗆 Rasidanca				
TTENDING PHYSICI TOR: After this cer after death with the 28 is marked, o	ву Рну	27. MANNER OF DEATH Netural 5 Pending 2 Accident Investigation			M 1	JURY AT ORK? YES 2 NO	26d, DEŞCRIBE HOW			
	ETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, octfy)	street, factory, offic	ca	261. LOCATION (Street City or Town, State		If Route Number,	
A A A	COMPL	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and piece, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(a) and manner as stated.								
TO THE HOSPI TO THE FUNER be filed within IMPORTANT:	BE	296. SIGNATURE AND TITLE OF CHITTIFIEN 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 725 90								
	TO	30. MYNE AND ADDRESS OF PERSON WHO COMPHETED CAUSE OF DEATH (ITEM 27) (Type, Print) 14333 LGURE VOWE Rd #307 Lgure! M 26708								
		31. DATE FILED (Morith, Day, Year) JUL 27 '90	Julia Davidso	nature fandale						

DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physicis. TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlait be filled within 72 hours after death with the State Debt. of Hearth and Memail Hygiene prior to burial, cremation, or removed. **IMPORTANT** It have 28 is marked, or litem 23 shows any Inture, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RE	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law res TO THE FUNERAL DIRECTIOR. After this certificate has been felled within 72 hours after death with the State Degr. of MADRICHARY: # Henry 28 is marked or lawn 23 still	THE CHIPTIES II WOLLD TO THE TOTAL TO THE

	1 - FOR STATE REGISTRAR	TATE OF MARYLAN	ID / DEPARTM			MENTAL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)	Sue	Dyka	05		2. DATE OF CEATH DA	8 9	3. TIME OF DEATH 7:10A M		
4	347 32 1040] M 2 K) F 5	7 YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV 01,19	38 I	BIRTHPLACE (State or Foreign Country) LLINOIS		
TOR	9a. FACILITY NAME (If not institution, give street or Greater Laurel-Belt RESIDENCE OF DECEDENT			Laurel	R LOCATION OF DE	ATH	Prince George			
BY FUNERAL DIRECTOR	Maryland Howard		Lawr				10d. INSIDE CITY LIMITS? 1 YES 2 X N			
NERAL	100. STREET AND NUMBER 9224 Canterbury Rid 11. MARITAL STATUS	ling MAS DECEDENT EVER IN U	LO - A PMATO		20723	10g. CITIZEN OF WHAT COUNTRY? U.S.A.				
	1 Name Married 2 X Married	FORCES? 1 YES	2 XNO	If yes, spe		IC ORIGIN? (Specify Yea n, Puerto Rican, etc.) :	OF NO	. RACE — American Indien, Black, White, etc. Specify: White		
COMPLETED	(Specify only highest grade compl Elementary/Secondary (0-12) Col	(Specify only highest grade completed) ((Elementary/Secondary (0-12) College (1-4 or 5+)				DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)				
OMP	Grade 12 17. FATHER'S NAME (First, Middle, Lest)	Legal S	ecrata)	18. MOTHER'S NAI	ey Off.	rce				
BE C	Courtney Greer			Geneva		(unko				
2	19a. INFORMANT'S NAME (Typo/Print) Daniel Dukes		The Allert Charles			Noute Number, City or You A. L.AUTEL				
	20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or the place) 20c. LOCATION — City or Town, State other place)									
	4 Donation 5 Other (Specify)		iyland Ve	22. NAME AN	D ADDRESS OF FAC	CILITY		lle, Maryland		
	· Klast Jay &	Dulley.	=	Donal	ldson Fur Talbott A	reral Home Ave. Laure	e, Mar	yland 20707		
i	23. PART I. Enter the diseases, or comp shock, or heart failure. List of			enter the mo	de of dying, suci	h as cardiec or resp	Iratory erres	t, Approximate Interval Between Onset and Death		
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	sease or condition a. Liver failure								
NOIT	Sequentially list conditions, if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	t Initiated events DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL CI	PART II. Other significant conditions co	ntributing to death but	not resulting in t	the underlying	g ceuse given in	Part 1. 24s. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
							<i>y</i> -1	1 TYES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)				
HYSI	1 YES 2 NO 1/27. MANNER OF DEATH	Nopetient 2 ER/Outpet 28s. DATE OF INJURY	28b. TIME C	F 28c. tNJ	URY AT	6 ☐ Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCUI	RED		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		RK? /ES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Richty or Rown, State)								
COMPLETED	Smil I' _ / / /	To the best of my knowless the basis of examination						cause(a) and memoer as stated.		
TO BE (Will Vising	pen n	1D	29c, LICENSE NUMBER 754				29d. DATE SIGNED (Month) Day, Year)		
_	30. NAME AND ADDRESS OF PERSON WHO THE COMMAN A. B. B. B. B. C. S. S. S. S. S. S. S. S. S. S. S. S. S.	SCHOOL 7. 32. REGISTRAR'S SIGNAL	525 61	Couwi	ry Cen	ter Dr. G	ioeub	ell MIS 20171		
	JUL 20'90		vidson-Rand	leer						

	REGISTRAR		CEI	KIIFIC	AIE	OF DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Will:	i am	s.		Dan	iels	2. DATE C	16-90	Y Y	EAR 3.	9:32AM
	4. SOCIAL SECURITY NUMBER 215-44-5903	5. SEX 8. AG	GE (In yrs. last t		F UNDER 1 YE	AR IF UNDER 24 HRS.	7 DATE O		-	Country)	CE (State or Foreign
	9e. FACILITY NAME (If not institution, give s				b CITY TO	WN OR LOCATION OF DE		0 /	9c. COUNTY		aware
DIRECTOR	Kent and Queen A	•	tal			tertown				Cou	
E C	10e. STATE 10b. COUNTY	1		10c. CITY,	TOWN OR L	DCATION		-		10-	I. INSIDE CITY
	Delaware Ken	nt		C:	layto						YES 2 NO
FUNERAL	R.D. 2 Box 3	370 - A			,	101. ZIP CODE 19938	3		U . S	T COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Diverced	12. WAS DECEDENT EVE FORCES? 1 YOU IF YES, GIVE WAR OF	ES 2 NO		it ye	DECENDENT OF NISPAN a, specify Cuban, Mexica YES 2 NO Specify	n, Puerto Al	(Specify Year cen, etc.)	or No- 14	Black, W Specify:	American Indian, hite, atc. White
8	15. DECEDENT'S EDU (Specify only highest grade		18a. DECI	EDENT'S US	SUAL OCCU	PATION a most of working	16b.	KIND OF BUS	SINESS/INDUS	STRY	
once.	Elementary/Secondery (0-12)	College (1-4 or 5+)			retired.) K Dr:	g most of working	5	South	ern S	State	es Corp
OM F	17. FATNER'S NAME (First, Middle, Last)	NONE		LI UC	A DI.	18. MOTNER'S NA				o da di	es outh
ed at o	John Daniels Mary Nowland										
TO B	190. INFORMANT'S NAME (Typo/Print) Sharon Lee Da	niels				370 - A					19938
must be	20e METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem Donation 5 Other (Specify)	oval from State	20b. PLACE O	F DISPOSIT	ION (Name o	Cemetery, cremetory or	,		cation - cit		70 7
medical examiner must be notified at once. TO BE COM	21. SIGNATURE OF FUNERAL SERVICE LIC	O hith	AN		bar	PEAND ADDRESS OF FA	luter			town	. Del.
	23. PART I. Enter the diseases, prospective. IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. CORONARY AR	n esch ilne.	POPI AS							Approximata interval Between Onset and Death
or other traum	Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events rasulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):										
njury, o	PART II. Other significent condition	na contributing to deat	h but not re	auiting in	the under	rlying cause given in	Part I.	24a. WAS AN			ERE AUTOPSY FINDINGS
28 is marked, or item 23 shows any injury, or TED BY PHYSICIAN: MEDICAL CE							_	PERFOR		CC	ALLABLE PRIOR TO MPLETION OF CAUSE F DEATH? YES 2 NO
or them 23 s IYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PLACE OF DEATH (C)					
ed, or PHYS	1XXVES 2 NO 27. MANNER OF DEATH	1 ☐ Inpatient & HEPERA 28a. DATE OF INJU (Month, Day, Ye.	RY	28b. TIME	OF 28	Nome 6 Residence c. INJURY AT WORK?	r		INJURY OCCU	RED	
mark BY I	1 X Netural 5 Pending 2 Accident Investigation				M 1	YES 2 NO					
TED BY PH	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJ building, atc. (URY — At hom Specify)	ne, farm, at	met, factory,	office		ATION (Street or Town, State)	and Number of	r Rural Rou	e Number,
COMPLET	TOTALIN OTHY	ICIAN: To the best of my k									nd manner ee stated.
POR H	200. SIGNATURE AND WILE OF CERTIFIE	me Krel	1			29c. LICENSE NU OCME	MBER		29d. DATE		onth, Day, Year) L7–90
5	30. NAME AND ADDRESS OF PERSON WE MARGARITA A. KO		DEATH (ITEM	1 27) (Type, I	Print)	111 Per	n St	reet,	altim	ore,	4D 21201
	31. DATE FILED (Monti O 9 or 1990	Jane Denter	JIRE VIRE								

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-triple within 72 hours after death with the State Dept. of Hearth and Mental Hygiene prior to burial, cremoval.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CE	:HIIF	CATE	F DEATH		REG. NO.			-
	1. DECEDENT'S NAME (First, Middle, Last) Wilbe	rt	Lee		E	dwards	MONT	of DEATH DA -24-90	FOU	YEAR ND	3. TIME OF DEATH 8:12AM M
	4. SOCIAL SECURITY NUMBER 578-84-3792	5. SEX ₹\\ M 2	8. AGE (In yrs. las 27	t birthday)	IF UNDER 1 YE.		7. DATE (Mont	OF BIRTH 7, Day, Year) -25 -	63	8. BIRTH Countr Wasi	PLACE (State or Foreign
OR	9a. FACILITY NAME (If not institution, give at Thomas Johnson B				9b. CITY, TO	VN OR LOCATION OF		9c. COUNTY OF DEATH Calvert County			
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY MC.	P.G.			r, TOWN OR LO	OCATION				10d. INSIDE CITY LIMITS? 1 YES 2 7 NO	
RAL	10. STREET AND NUMBER 6906 Briarcliff	Drive				101. ZIP COOE 2(1735			10g. CITIZEN OF WHAT COUNTY		
BY FUNERAL	11. MARITAL STATUS 12 Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT	FEVER IN U.S. AR YES 2 IN AR OR DATES	MED IO	13. WAS DECENDENT OF HISPANIC ORIGIN If yes, specify Cuban, Mexican, Puerto F 1 YES NO Specify:			o Ricen, atc.) Black, Wi			E — American Indien, k, White, etc.
COMPLETED	(Specify only highest grade completed) (Give kind of life. Do NOT			lve kind of a Do NOT us	work done during most of working se retired.)			Hamil			gel
	17. FATHER'S NAME (First, Middle, Last) John Edwards					18. MOTHER'S I			Surname)		
TO BE	190. INFORMANT'S NAME (Type/Print) 19b. M. Agnes Barber 6706				ADDRESS (St CKeldi	n Dr.,Sui	tland	ber, City or Tow , Md . 20	n, State, Zi)746	p Code)	
	20a METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem 4 Denation 5 Other (Specify)	of dispos lrrec	tion (Name o	f cemetery, crematory o emetery	r		Cation -				
	21. SIGNATURE OF FUNERAL SERVICE SCENSES				22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc 66:33 Old Alexander Ferry Road Clinton, Maryland 20735						e,Inc.
MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Finsi disease or condition resulting in deeth) Onset and Dsath Drowning Oue to (or as a consequence of): Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due to (or as a consequence of): Due to (or as a consequence of):										
	PERFORMED? MXYES 2 □ NO							D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XTXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1. 7. YES 2 \(\text{ NO} \)	HOSPITAL:	ER/Outpetient 3	DOA	OTHER:	6. PLACE OF DEATH (In	wate	r
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending Miccident Investigation	200. DATE OF (Month, D 7-21-	INJURY ay, Year) -90	20b. TIN IN 11:	E OF 28	INJURY AT WORK? □ YES Z	Sub	ject [INJURY OF	ed	
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)						Sơĩ		'Isla	ind N	avy Rec. Cnt
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS						fue to the co	use(e) end me	nner ee st	ated.	e) and menner as stated.
BE	296. SIGNATURE AND TITLE OF CENTIFIE	# ~				29c. LICENSE N			29d. DA		D (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WE JAMES KAPLAN, MD	O COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type		enn Stree		timore	e,MD		
	31. DATE FILED (Month, Day, Year) JUL 2 7 '90	Sz. REGISTRA	AR'S SIGNATURE								

DHMH-18 Rev 1/89

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O THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 25-cours after death. Page 6 may be retained by the hos	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		MPORTANT if Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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WITH	npietel	e filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to bun'al, cremation, or removal.	vent.
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	FOR STATE REGISTRAR	STATE OF N	MARYLAND / Ce		RTMENT				MENTA	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	Thomas	Fnnis				·		2. DATE MONT 0 7			YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	8. SEX	6. AGE (In yrs. less	t birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE	OF BIRTH		990 8. BIRTH	8:00 P. M
	173-10-7638	1 📉 M 2 🗌 F	74	YRS.	MONTHS.	DAYS	HOURS			1 6 19	16 Maryland		
R	9a. FACILITY NAME (If not institution, give st Salisbury Nursi				9b. CITY		lisb		ATH			NTY OF D	
CTO	RESIDENCE OF DECEDENT			19e, CITY, TOWN OR LOCATION						Wicomico			
DIRECTOR	Maryland Wicomi			00	Salis		-			U			10d. INSIDE CITY LIMITS? 1/ YES 2 NO
	10e. STREET AND NUMBER			101. ZIP CODE						10g. CITIZEN OF WHAT COUNTY			
FUNERAL	Lemmon Hill						1801				US.		
BY FUI	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. AR TYES 2 (X) MAR OR DATES	MED 10	MED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 ☐ NO Specify:					14. RACI Black Spec	E — American Indian, k, White, atc. #y: White		
ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(Gi	ive kind of	USUAL O	CCUPATIO	ON ast of workli	ng	168	. KIND OF BUS	SINESS/IN	DUSTRY	
LEI .	Elementary/Secondary (0-12)	College (1-4 or 5	Hfe.	gine	ise retired.)					Railr	ood		
OM	17. FATHER'S NAME (First, Middle, Last)				GI	_	16. MOT	HER'S NA	ME (First,	Middle, Maiden			
BE COMPLETED	Richard Ennis					Tre	essi	e Jo	nes				
0	19a. INFORMANT'S NAME (Type/Print)									ber, City or Tow			
	B. Jean Smith 28g. METHOD OF DISPOSITION		20b. PLACE	OF DISPO	SITION (N	me of cer	metery, crer	netory or	SVII	1e, MD	CATION -	850 City or To	own, State
	1- Burisi 2 Cremation 3 Rem 4 Donation 8 Other (Specify)		Grace.	Tawn							Cas	tle,	DE
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FUNERAL SERVICE LICENSEE													
	23. PART I. Enter the diseases, or a shock, or heart failure.	compilcations the	t caused the de	ath. Do	not enter	the mo	de of dy	ing, suc	h as car	disc or reap	ratory as	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Due TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, If any leading to immediate Due TO (OR AS A CONSEQUENCE OF):												
	DUE TO (OR AS A CONSEQUENCE OF):												
OT O	If any, reading to immediate								1				
CERTIFICATION	CAUSE (Disease or injury	c. DUE 100	TOR AS A CONSE	OUENCE (10	-	-/-						-
BILL	that initiated events resulting in death) LAST	d	(on no n conse		. ,.								ĺ
	PART II. Other significant condition	a contributing to	death but not i	resuiting	In the u	nderivin	a cause	given in	Part I.	24m, WAS AN	AUTOPSY	246	. WERE AUTOPSY FINDINGS
ICAL										PERFOR	MED?		AMILABLE PRIOR TO COMPLETION OF CAUSE
MED													OF DEATH? 1 YES 2 NO
N.		- 4	**				- 9						
SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpetient 3	DOA	ОТНЕ	R:	LACE OF			er (Specify)			
PHYSICIAN: MEDI	27. MANNER OF DEATH	28a. DATE OF (Month, L	INJURY	28b. TI	_	28c. IN.	JURY AT	VERONICO		SCRIBE HOW	NJURY O	CCURED	
ВУ	1 Netural 8 Pending 2 Accident Investigation				М	1 🗍	YES 2 [□ NO					
	3 Suicide 8 Could not be 4 Homicide determined	ome, ferm,	street, fac	tory, offic	:0			CATION (Street or Town, State)		or or Rural	Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 U-CERTIFYING PHYS												a) and manner as stated.
29c. LICENSE NUMBER 29d. DATE SIGNEO (Month									O (Month, Day, Year)				
TO B	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CALL	ISE OF DEATH //TE	M 27) /%~	e, Print	-	1	4	134	/	- 6	1/2	791
_/	William H. Robin	s, M.D.	- 1104 I	Heal	thway	Dr:	ive,	Sal:	isbu:	ry, MD	2:	1801	
8	31. DATE FILEO (Month, Day, Mar)	BEGISTE DO	AR'S SIGNATURE	dale									

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Pag	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ffours after death. Pag TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dir	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Pag TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Tiburs after death. Pag TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dis be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner

COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BE (2

							7	0 21133		
	FOR STATE REGISTRAR	STATE OF MAI	RYLAND / DEPAR CERTIF	RTMENT OF		MENTAL HYGIEN				
	1. DECEDENT'S NAME (First,	, Middle, Last)	7.7			2. DATE OF DEATH	·	3. TIME OF DEATH		
- 1	Brittany R	ochelle Church El	bert			JULY 12 1990 R.O.S				
- 1	4. SOCIAL SECURITY NUMB		AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign		
	n/a	1 🗆 M 2 🗵 F	O YRS.	MONTHS DAYS	B HOURS MIN. (Month, Day, Year)			MARY LIAND		
	90. FACILITY NAME (If not in	nstitution, give street and number)		96. CITY, TOWN	OR LOCATION OF DE	ATH /		Y OF DEATH		
H	Peninsula G	eneral Hospital		Salis	bury		Wic	comico		
HOL	RESIDENCE OF DEC	CEDENT			·					
DIRE	10e. STATE	10e. STATE 10b. COUNTY			ATION			10d. INSIDE CITY		
5	Maryland	Wicomico	Sal	isbury				1 YES 2 XNO		
4	100. STREET AND NUMBER				Of. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?		
	1514 Esquire Drive			21801				JSA		
BY FUNERAL	11. MARITAL STATUS 1 X Never Merried 2 3 Wildowed 4 Divo	VER IN U.S. ARMED YES 2 NO OR DATES	2 NO If yes, specify Cuben, Mexica				BACE — American Indian, Black, White, etc. Specify: Black			
급	(Specify only highest grade completed) (Gi			Work done during i		16b. KIND OF BUS	INESS/INDUS	STRY		
וע	Elementary/Secondary (0	ille. Do NOT u	ilfe. Do NOT use retired.)							
COMPL	not applicab	le	not app	not applicable			not applicable			
5	17. FATHER'S NAME (First, M	ficidle, Last)								
DE C	Shawn Elber	t .			Yumika	L. Church	1			
2	190. INFORMANT'S NAME (7		19b. MAILING	ADDRESS (Stree		Route Number, City or Town		ode)		
-	Rita C. Byro	1	1514	Esquire 1	Drive, Sali	sbury, MD	21801			
	200. METHOD OF DISPOSIT	TON	20b. PLACE OF DISPO					ly or Town, State		
- 1	4 Donetion 5 Other	on 3 Removal from State (Specify)	Salisbury	Cremato	rv	Sali	sbury.	Maryland		
	21. SIGNATURE OF FUNERA	L SERVICE LICENSEE	_ ouriou a. y	22. NAME	AND ADDRESS OF FA	GILITY Jolley N	1emori	ial Chanel		
	Vatri	maller is	hley	Rt. #	2, Box 920	Jersey R	oad,	iai chaper		
	shock, or h	Iseases, or complications that capeart fellure. List only one cause						Approximate interval Between Onset and Death		
	IMMEDIATE CAUSE (Fir disease or condition resulting in death)		DIORESPI	PATOR	7 FAIL	URE		21 MINUTE		

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 - YES 2 NO 1 - YES 2 - NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)

EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpetient	3 DOA 4 Nu	R: rsing Home 5 - Residence	6 ☐ Other (Specify)					
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	26d. DEŞCRIBE HOW INJURY OCCURED					
3 Suicide 6 Could not be determined	26s. PLACE OF INJURY — At I building, etc. (Specify)	26a. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
290. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my knowledge, o	death occurred at the	time, date and place, end du	e to the cause(e) and menner as stated.					

a massive and mineral of the base of examination error investigation, in my	philon, death occurred at the time, date and	place, and due to the cousty and marker or stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNEO (Month, Day, Year)
Francis J. Montone D.O.	H 36388	DULY 12, 1990
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)	KIND EDIM A. H.	SPITAL MEDICAL CONTE
FRANCIS J. MONTONE DO. 100 8		

31. DATE FILED (Month, Day, Year)

JUL 40 YU

32. REGISTRAR'S SIGNATURE

EXTILEME

DUE TO (OR AS A CONSEQUENCE OF):

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		C	ERTIF	ICATE OF	DEATH		REG. NO			
1. DECEDENT'S NAME (First, Middle,	Last)			0		2. DATE OF	DEATH		YEAR	3. TIME OF OEATH
MADELINE	FRANCE	S		Z ccl	es	Jul	4-11	199	0	1640
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH		6. BIRTHI	PLACE (State or Foreign
214-24-8764	1 ☐ M 2 🂢 F	86	YRS.	MONTHS DAYS	HOURS MIN.	NOV.	29,	1903	MAR	YLAND
Se. FACILITY NAME (If not institution,		-1			OR LOCATION OF D			9c. COUN		
Peninsula Gener	-	1		Sali	sbury, MI)		V	Vicor	mico
RESIDENCE OF DECEDEN 10a. STATE 10b. CC			10c. CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY
MARYLAND	SOMERSET		5	CHANCE					i	LIMITS?
10e. STREET AND NUMBER		-		10	r. ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?
PO BOX 177					21816				USA	
11. MARITAL STATUS		T EVER IN U.S. AF			CENDENT OF HISPA			or No-	14. RACE	- American Indian, White, etc.
1 Never Married 2 Married	IF YES, GIVE	YES 2 X	NO		pecify Cuban, Maxico B 2 X NO Specif		an, etc.)		Specif	
3 Widowed 4 Ofvorced										WHITE
15. DECEDENT'S (Specify only highest	EDUCATION grade completed)	(0	live kind of	Work done during m	ON ost of working	16b. K	IND OF BU	SINESS/INDI	JSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	Do NOT us	SEWIFE				HOME		
8 YEARS	NO		HOUS	EWILE						
17. FATHER'S NAME (First, Middle, Las		TIAMOTO			16. MOTHER'S NA				HTER	MAN
OTHER D	UNK	WATSIC			GERTRU		UNK			MAN
19a. INFORMANT'S NAME (Type/Print)					and Number or Rural		816	n, State, Zip	Code)	
GERTRUDE ULRIC	H-DAUGHTER 7/13/90				CHANCE,	MD Z				
1 Buriel 2 XCremetion 3	Ramoval from State	20b. PLACE other p	OF DISPO	SITION (Name of ce	metery, cremetory or			CATION — C		
4 ☐ Donation 5 ☐ Other (Specify) 21, SIGNATURE OF FUNERAL SERVIO	·	- SAL	TODU		ND ADDRESS OF FA	OILITH	J DA	DIODO	,	
21. SIGNATURE OF PUNERAL SERVICE	LICENSEE		,	HOLL	OWAY FUN	ERAL I	HOME,	PA		
HOON.	Hello	ary	1		SNOW HIL				, MD	21801
23. PART I. Enter the disesses	, or complicatione the			not enter the m	ode of dying, suc	h ss cardis	c or resp	iratory arre	est,	Approximate
IMMEDIATE CAUSE (Fins)							1	. 11		Interval Between
disesse or condition resulting in death)	metast	cathe a	don	OCAYC	inona	606	be	adde		1 mos
resulting in death)		(OR AS A CONSE								
	ь									
Sequentisity list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE O	F):						
CAUSE (Disease or injury	с									
that initiated events resulting in deeth) LAST	DUE TO	(OR AS A CONSE	OUENCE O	F):						l
resulting in deetin) LAST	d									
PART II. Other significant cond	ditione contributing to	desth but not	reculting	in the underlyli	ng csuse given in	Part I. 2	4e. WAS AN		24b.	WERE AUTOPSY FINOING
							PERFO	. /		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						_	I TES	NO		OF DEATH?
						—				1 TES 2 NO
25. WAS CASE REFERRED TO MEDIC	AL .	·		26 5	PLACE OF GEATH (C)	hack only one)				
EXAMINER?	HOSPITAL:	7 FD10 4 - 41 - 4	0 0 000	OTHER:			raussa			
27. MANNER OF DEATH	28a. DATE O	ER/Outpetlant	28b. TIN		me 6 Residence			INJURY OCC	TIREA	
Netural 5 Pending	(Month, I	Day, Year)	IN.	JURY W	ORK?	280. OESC	NIBE NOW	moon occ	UNEO	
2 Accident Investiga	28e. PLACE	OF INJURY — At h	ome, farm.			28f LOCAT	ION (Street	and Number	or Rural F	loute Number,
3 Suicide 8 Could not 4 Homicide determine	ot be building	, atc. (Specify)					Town, State,		o. rener n	THE THE THE THE
29a. CERTIFIER										
(Check only	PHYSICIAN: To the best of									and minner in leter-4
	AMINER: On the beels of	Author and/of	HIVESTIGETH	и, и шу оринол,			nd piace, at	-u due to th	- canse(s	y and manner ee stated.
29b. SIGNATURE AND TITLE OF CER	TIFIER	Ms			29c. LICENSE NU	MBER	a	29d. DATE	SIGNED	(Month, Day, Year)
L sug	_	,			125	321	1	/	-11	-70.
30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAL	ISE OF DEATH (IT	EM 27) (Type	, Print)	125	719				

32. REGISTRAR'S SIGNATURE

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flows after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit p be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

YEAR

U.S.

Specify:

MD

24a. WAS AN AUTOPSY

YES 2 NO

PERFORMED?

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

1 TES 2 NO

white

21723

21047

24b. WERE AUTOPSY FINDINGS

AWAILABLE PRIOR TO

OF DEATH?

COMPLETION DE CAUSE

Approximeta

Interval Between

Onset and Death

8. BIRTHPLACE (State or Foreign

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After	death	Em:
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending phy	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other
王	filed	POR
2	2	Ξ

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

0

prior to burial,

physician

FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG NO 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Egan Edna 07 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 80 212-05-9474 1 🗌 M 2 🕥 8 |5 | 09 YRS 9e. FACILITY NAME (If not institution, give street and no 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Sinai Hospital Baltimore DIRECTOR The state of 10c, CITY, TOWN OR LOCATION 10a, STATE 10b. COUNTY Baltimore Baltmore MD 10e. STREET AND NUMBER MAIDEN CHOICE LAW 101. ZIP CODE 10a. CITIZEN OF WHAT COUNTRY? FUNERAL 21229 Téco 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 HO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 11 MARITAL STATUS FORCES? 1 YES 2 HATO 1 Mover Merried 2 Merried ΒY 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION ETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) RETAIL SALESLADY COMPL UNK UNK 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First: Middle, Maiden Surname) BRUGGEMANN CAROLINE WEHRENBERG -ERDINAND BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or 2 AROL E J. KRAMER 4088 roksvill 20e. METHOD OF DISPOSITION

1 4 Donation 8 Other (Specify) 20c. LOCATION - City or Toy 20b. PLACE OF DISPOSITION (No. 2 Cremetion 3 Re .Cl. Cem. Ujoletti. Paucs Luth 21. SIGNATURE OF SUMERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SLACK F. H BOX 268 E. C. MO. ack 23. PART | Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, shock, or heart fallure. List only one cause on sech line. IMMEDIATE CAUSE (Final disease or condition Chronic Obstructive Palmonory resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantisly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury QUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in daeth) LAST

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

				— [1 TES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 10	HOSPITAL:	DOA 4 Nurs	26. PLACE OF DEATH (C)			
27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	86. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCUR	RED	
3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — At home, building, etc. (Specify)	, farm, street, facto	ory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)		

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

	made introdugation, in my opinio	i, death occurred at the time, date and t	proce, and due to the codes(a) and mainter as stated
29b. SIGNATURE OF CERTIFIER	MD	29c. LICENSE NUMBER	29d. DATE BIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

Failure

Do	49100	2.	Silin	6620	Bonnie	Aidje	Dr	Balto	am.	21209
21 DATE EN ED (Month.	Omr. Viner)	22 DE	CICTRAD'S SIGNATURE							

Luka Savidson Randall JUL 2 0 '90

3. TIME OF DEATH

DHMH-16 Rev 1/89

notified at once.

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examiner

medical

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other traumatic event,

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23 shows any

6

marked,

28 Hem

BALTIMORE, MARYLAND 21203-31 tours after death. Page 6 may be retained by the hospital or atte filled in by completely executed within attending physician and com ontal Hygiene prior to burial, certificate be law requires that the death signed by the atter Health and Mental has been Dept. of h PHYSICIAN: The r this certificate hit with the State [L DIRECTOR; After the hours after death After th THE HOSPITAL O THE FUNERAL D filed within 72 ho TO THE HOSPITAL TO THE FUNERAL DE BE filed within 72 h

2. DATE OF DEATH YEAR 90 15 10 A M 19 William Gregory Ferko A SOCIAL SECURITY NUMBER 5 SEX 8. AGE (in yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPI ACE (State or Foreign (Month, Day, Year) May 30, 1904 712 16 0544 MONTHS DAYS HOURS 86 1 XM 2 F PA VDC. 9a. FACILITY NAME (If not institution, give street and number) Sh. CITY TOWN OR LOCATION OF DEATH SC COUNTY OF DEATH 6612 Revell Rd. Fairhaven Anne Arundel DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD Anne Arundel Fairhaven 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 6612 Revell Rd. 20754 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 K Married 1 TYES 2 K ND Specify: White Specify: BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete Elementary/Secondary (0-12) College (1-4 or 5+) Conductor Railroad 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Andrew Ferko Tavich Marv 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 same as 10 above Anna Ferko 20g, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION -- City or Town, State 1 Buriel 2 Cremation 3 Removal from State Southern Memorial Gardens Dunkirk (Calvert) MD 22. NAME AND ADDRESS OF FACILITY 20736 Rausch Funeral Home, Owings, MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate ahock, or haert feliure. Liet only one cause on each line. **Onset and Death IMMEDIATE CAUSE (Finel** disease or condition . Congestive Heart Failure 4 yrs resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): Valulan Heart Discas CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE Psovias3 1 TYES 2 NO OF DEATH? Pageto Disease of the 1 YES 2 NO 1) ig betes PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL . OTHER: 1 TES 2 1 NO lient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c, INJURY AT WORK? 284 DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 26f. LOCATION (Street and Number or Flural Route Number, City or Yown, State) 6 Could not be determined ETED 4 🔲 Homicide TILL CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. COMPL 2 🛄 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 3856 U.Swson 7/20 90 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ier baum 134 Opensville Rd 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)

27717 77

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TO DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL DRAFTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attending physician.	mours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	lled in by the funeral director, page 5 should be detached for use as the burial-transit permit, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	s medical examiner must be notified at once.

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIFI	CAIL	JF UE	AID		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, La Will:		г.	Fentress				2. DATE OF DEATH MONTH 2-90 DAY YEAR			11:30PM M		
ŀ	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In y	rs. last birthday)	IF UNDER 1 YE	AR IF UN	ER 24 HRS.	7. DATE	OF BIRTH	T		ACE (State or Foreign	
	213-54-9325	1√M 2 □ F	40	YRS.	MONTHS DA	WB HOUR	B MIN.	1 1 1 1 1 1 1	h, Day, Year)	7 1	Country)		
-	9e. FACILITY NAME (If not institution, give street and number)					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
	10009 Carnot Drive					-		LATT!				eorges Co.	
2	10009 Carnot Drive Cheltenham Prince Geo												
									d. INSIDE CITY				
	Maryland Pr	ince Georg	re's	Che	eltenh							LIMITS?	
	100. STREET AND NUMBER					10f. ZIP C				10g. CITI	ZEN OF WHA	AT COUNTRY?	
	10009 Carno	ot Drive					20623	23 U.			S.A.		
	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U	S. ARMED	13. WAS	DECENDEN	T OF HISPA	NIC ORIGI	N? (Specify Yee	or No-	14. RACE -	- American Indian, Vhite, etc.	
	1 Never Merried 2 🔀 Merried	FORCES? 1 IF YES, GIVE W			If yo	s, specify Co	iban, Mexica IO Specif	n, Puerto	Ricen, etc.)		Specify:	Vriite, etc.	
	3 Widowed 4 Divorced		-1973		1 .0	120 225		,			aucas	-i -n	
1	15. DECEDENT'S I	EDUCATION		sa. DECEDENT'S	USUAL OCCU	PATION		168	. KIND OF BUS	INESS/IND		SLOW	
-	(Specify only highest g			(Give kind of w life. Do NOT us	vork done durin e retired.)	ng most of wo	rking						
	Elementary/Secondary (0-12)	College (1-4 or 5 -	''	Constr				A.L. Gardiner					
-		· · · · · · · · · · · · · · · · · · ·		Wilstr	uction A.L. Ga						ICI.		
	17. FATHER'S NAME (First, Middle, Last)					16. M				,			
L	Albert Fent	ress					Haz	el S	herman				
F	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (St	reet and Nun	ber or Rural	Route Num	aber, City or Tow	n, State, Zip	Code)		
	John C. Hatley			9602	Shutt	le Co	urt N	Worth	Upper	Mar	lboro	, Md 20772	
1			20b. P	LACE OF DISPOS	SITION (Name	of cometery, o	remetory or				City or Town		
-	20a METHOD OF DISPOSITION 1	Man	ther place) Sicyland	tate	na Co	motor	~ .	Chel					
╟		Mal	yrand	verera	IIS CE	necei	- <u>y</u>	_ uei	.cema	ull, M	٨,		
21. SIGNATURE OF FUMERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home													
1	- Illiamore	1///			663	3 Old	Alex	kande	er Ferr	y Rd	Clin	ton, Md 20	
ahock, pr heert feliure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease pr condition reaulting in death) a. Perforating contact gunshot wound of head Due to (or as a consequence of):							Onset and Daath						
	Sequentielly liet conditione, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury b. DUE TO (OR AS A CONSEQUENCE OF):												
	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST												
H	BART II Other elgolficent condi	tions contribution to	doub but	not regulting	in the unde	dulan cau	e chen le	Dort I	242 WAR AN	ALITODOV	245. 9	EDE ALTTOREY EMPINOS	
	PART II. Other eignincent condi	dona contributing to	deadi but	not resulting	ting in the undarlying cause given in Part I.			ranti.	Part I. 24a. WAS AN AUTOPSY PERFORMED?		á	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
									7001			YES 2 NO	
		. 1											
	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		T	OTHER:	26. PLACE C	F DEATH (C	HUCK ONLY C	arre)				
П	XXXES 2 NO	1 Inpatient 2	ER/Output	lent 3 🗆 DOA	4 🗆 Nursing	Home SC	XResidence	6 🗆 Oth	er (Specify)				
	27. MANNER OF DEATH 1 Natural 5 Pending	260. DATE OF (Month, II) 7-22-	Day, Year)	28b. TIM IN.	JURY	c. INJURY A			escribe How				
	2 Accident Investigat	ion,			29PM		* NAO	_					
	Suicide 6 Could not datermine	be building	OF INJURY — , etc. (Specify	- Al home, farm,	HOme				CATION (Street			Brandywine	
	290. CERTIFIER	HYSICIAN: To the best o	Lance In Control	4	- d -0.16 - 23	- data		PLIN	ce Geo	rges	co.	MD	
		MINER: On the basis of a										and menner ea stated.	
	296. SIGNATORE AND TITLE OF CERT	FIER				200	LICENSE NU	IMRED		29d DAT	F SIGNED /	Wonth, Day, Year)	
	100	TAD	_			zwc.	OCME				7-23-9		
	1	/ YXO	_				CCFIE	-			2.5		
	ANN M. DIXON, M		ISE OF DEAT			treat	.Balt	imor	e,MD 2	1201			
	31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNAT		. C.III D	W CCL	, Dar t	-TIIOT	C1111 Z	T-0T			
	חף 75 ווונ	Lulie Davidso											
- 11	207 7 1 00	J WILL DUNG 1030	1 am Nous la										

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF	MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CE	ERTIFICATE	OF DEAT	ГН		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA			HEALTH AN		NTAL HYGIENE REG. NO.			
}	1. DECEDENT'S NAME (First, Middle, Last) Mildred Elizabeth Fresvik 2. DA MC MC MC Ju							990	EAR	:30 a M
	4. SOCIAL SECURITY NUMBER 231-05-2432 96. FACILITY NAME (If not institution, give a	5. SEX 8. AGE (Ir	yrs. last birthday) 79 YRS.	F UNDER 1 YEA MONTHS DAY		ins. 7.	DATE OF BIRTH (Month, Day, Year)	1 V	BIRTHPLAC Country)	
CTOR	Doctor's Hospit	al .		Lanha	m	OF DEATH				orge's
DIRECTOR		ce George's		r, town on Lo yattsvi					104.	I. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 6638 23rd Place				20782			U.S.A.		
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	Never Married 2 Merried FORCES? 1 YES 2 THO			Specify Cuben, M	lexicen, P	ORIGIN? (Specify Yes usrto Ricen, etc.)	s or No- 14. RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 1 2 th Grade South Secondary (0-12) None 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) Homemaker						Own Ho		TRY	
BE CON						tie	(First, Middle, Melden S Edmonds			
TO E	Susan E. Shinn		r) 9011	3rd St	reet, L	anha		and 2	0706	
	20a. METHOD CLIP POSITION 1 TO Burlet 2 Commetter 3 1 American 1 Other (Specify) 21. SIGNATURE OF FUNDING SERVICE 1	coln Ce			Bre	centwood, Maryland meral Home, P.A.				
	· Yout 14	1 Johan		4739	Baltime	ore	Ave. Hyat	tsvil	le, M	P.A. id. 20781
	23. PART I Enter the disease, prehipment of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of th	e. Due TO (OR AS A	ch lina.	no-	mode of dying,	, euch e	e cardiec or reepi	ratory erres	it,	Approximete Interval Between Onset and Death
TION	Sequentially list conditione, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST									
AL	PART II. Other eignificant condition	ne contributing to death be		in the underl	ying ceuse give	en in Pa	rt I. 24s. WAS AN		AWA	RE AUTOPSY FINDINGS ULABLE PRIOR TO
BY PHYSICIAN: MEDIC	Cena	waca					1 TYES	NO	OF	MPLETION OF CAUSE DEATH? YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEAT	TH (Check	only one)	:		
IVSI	1 YES 2 NO	1 Unpatient 2 ER/Outp	atlent 3 DOA	4 🗆 Nursing I	fome 5 - Reside	-	Other (Specify)	FILIBA OCCIT	BED.	
ВУ Р	1 Netural 8 Pending 2 Accident Investigation	(Month, Day, Year) 28e. PLACE OF INJURY	IN	JURY M 1	WORK?	10	Bf. LOCATION (Street o			Mumban
ETED	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Spec	ily)	alleet, lactory, t			City or Town, State)	nd Number of	Notes Notes	Number,
COMPLETED	one) 2 MEDICAL EXAMIN	ER: On the basis of examination								d manner es stated.
TO BE	29b, SIGNATURE AND TITLE OF GERTIFIE	ed like	26		29a, LICENS	E NUMBE	684	29d. DATE	PZ	onth, Day, Year)
	Richard J. Lilly	, M.D. 5	804 Balt		Ave., Hy	yatt	sville, M	aryla	nd 2	20781
	JUL 27 90	32. REGISTRAR'S SION	Lon-Rando	02						

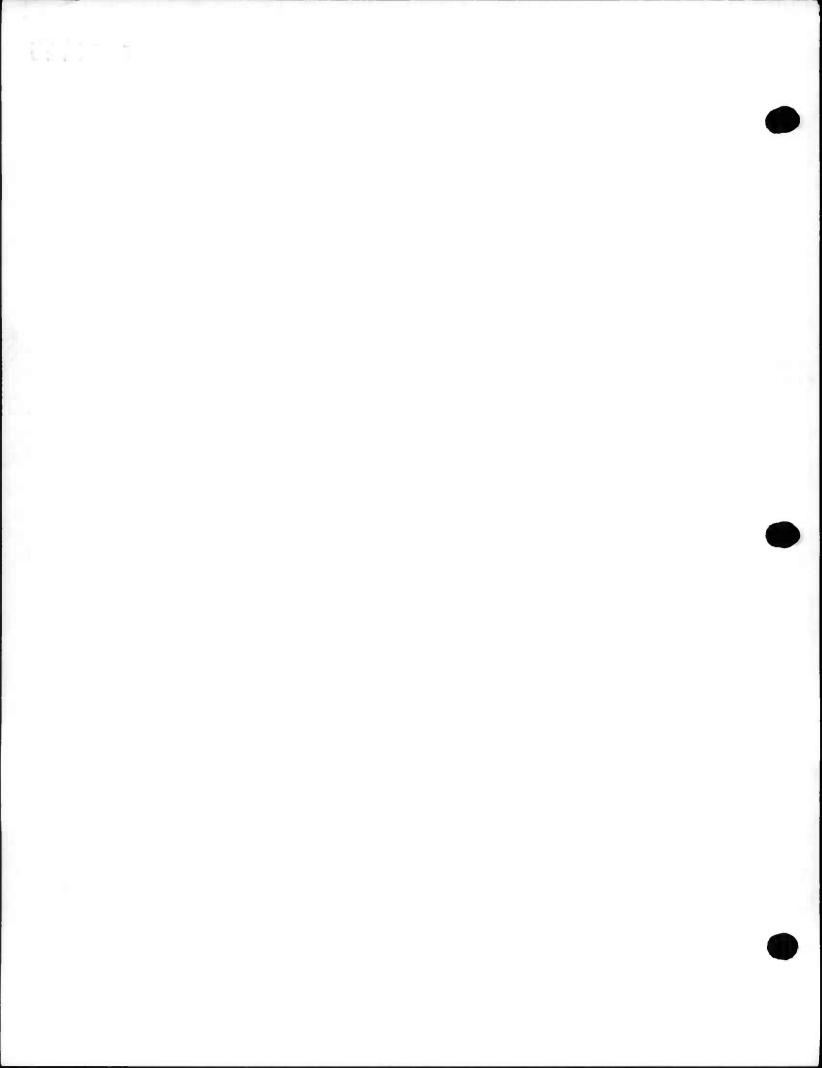
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RA	REC	E
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2uns after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Perir, or Health and Mental Horiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
PITA	ERA	1
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0	D #	N N
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31. SATE FILED (Mophly, Day,

32. REGISTRAR'S SIGNATURE

a Davidson

1. OECEDENT'S NAME (First, Middle, Last)			CERTIF	OAIL	<u> </u>	DEAI	 	REG. N	0.		3. TIME OF DEATH		
MOZELLE FIELDS								MONTH	DAY 2, 19	YEAR	11:58A M		
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yn	s. lest birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTHE	PLACE (State or Foreign		
578 10 1701A	1 M 2 F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) Mar. 2	4. 19	0.5	Va.		
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, T	y, town or location of peath Hyattsville, Md. 9c. county of geath P. G.					ATH			
9a. FACILITY NAME (If not institution, give street and number) 5906 Queens Chapel Road						acc							
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	Y		10c. CIT	Y, TOWN OR	LOCAT	ON		557			10d, INSIDE CITY		
District of (Columbia	ı		W	asl	ning	ton				LIMITS?		
10e. STREET AND NUMBER					-	ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?		
						d states							
						- American Indian, White, etc.							
1 Never Married 2 Married 3 Widowed 4 Olvorced	IF YES, GIVE WAR OR DATES 1 VES 2 VI NO Specify												
15. DECEDENT'S ED													
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) College (1-4 or 5 +)													
9th grade	College (1-4 or 3	*'	Hou	sewi	fe								
17. FATHER'S NAME (First, Middle, Lest)						18. MOTI	IER'S NAI	ME (First, Middle, Maid	en Sumame)				
William Court	nay				3.5	E	dit	h	(ur	nknov	wn)		
19a. INFORMANT'S NAME (Type/Print)			196. MAILING	ADDRESS (Street a	nd Number	or Rural F	Route Number, City or 1	own, State, Zi	Code)			
Wilbur Fields	;		5906	Que	en:	s Ch	ape	1 Road			all I		
20a. METHOD OF DISPOSITION 1X Burlal 2 Cremation 3 Res 4 Donation 6 Other (Specify)	1X Buriel 2 Cremetion 3 Removed from State Lincoln Memorial Cemetery Suitland, Marylar												
21. SIGNATURE OF PUNERAL SERVICE L	CENSEL	1											
John TS	Slews	arl	III					eral Ho					
23 PART I. Enter the diseases, or	complications the	et ceused th	e death. Do r					g Road,		rest,	Approximete		
23 PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. MMEDIATE CAUSE (Final								Interval Between Onset and Death					
Misease or condition	Breas	t Car	ncer								l year		
resulting in deeth)	0.		NSEQUENCE O	F):							-		
	b												
Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CO	NSEQUENCE O	F):									
cause. Enter UNDERLYING	c	(OB 15 1	None								-		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. OUE TO (OR AS A CONSEQUENCE OF): d.											į		
that initiated events	d		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s, WAS AN AUTOPSY 24b, WE							24b.	WERE AUTOPSY FINDINGS		
that initiated events resulting in death) LAST	d.	deeth but	not resulting	in the und	erlying	ceuee	PERFORMED?						
that initiated events resulting in death) LAST	ne contributing to	deeth but	not resulting	in the und	erlying	ceuee (1 YES	2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
that initiated events resulting in death) LAST	d	deeth but	not resulting	in the und	erlying	cenee i		1 YES			COMPLETION OF CAUSE		
that initiated events resulting in death) LAST PART II. Other significant conditions	d	deeth but	not resulting	in the und							COMPLETION OF CAUSE OF DEATH?		
that initiated events resulting in death) LAST	d	deeth but	not resulting		26. PL		EATH (Ch	1 YES			COMPLETION OF CAUSE OF DEATH?		
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that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XHO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 28a. OATE 0	□ ER/Outpatie	nt 3 🗆 DOA	OTHER:	26. PL	ACE OF D	seldenca	eck only one)	2 NO	CURED	COMPLETION OF CAUSE OF DEATH?		
that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetiant 2 28e. OATE 0((Month, I	□ ER/Outpetle F INJURY Day, Year)	nt 3 DOA	OTHER: 4 Nursi	26, PL ing Hom 28c. INJ WO	ACE OF D	seldenca	eck only one) 6 Other (Specify) 26d. DESCRIBE HO	2 NO		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpetient 2 26a. OATE O (Month, I) 26a. PLACE	□ ER/Outpetle F INJURY Day, Year)	nt 3 🗆 DOA	OTHER: 4 Nursi	26, PL ing Hom 28c. INJ WO	ACE OF D	seldenca	eck only one) 6 Other (Specify)	2 NO		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
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(Specify)	nt 3 DOA 28b. TIM IN. At home, farm,	OTHER: 4 Nursi IE OF FUNTY M street, tecto	26. PL	ACE OF D e 5 Re uRY AT RK? FES 2 [and place eath occu	NO NO	sck only one) 6 Other (Specify) 28d. DESCRIBE HO 28f. 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1	-	FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	CATE C	F DEATH	REG. NO.				
1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH										
	PHILLIP R	ANDOLPH	FOUNT	AIN		7 2	1990	4:20 A.M		
	4. SOCIAL SECURITY NUMBER	6. SEX 6. AGE (III	n yrs. last birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH	6. BIF	TTHPLACE (State or Foreign		
	577–24–2589	17 M 2 □ F	68 YAS.	MONTHS DAY	B HOURS MIN.	(Month, Day, Year) 5-9-22		SHINGTON D.C.		
	9e. FACILITY NAME (If not institution, give sin	set and number)		9b. CITY, TOW	N OR LOCATION OF OR		9c. COUNTY OF			
DIRECTOR	6313 Litteria Str	eet		Seat Pleasant Prince George's						
E E	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INS									
ā	MARYLAND PRING	1	CAPI	TAL HEIGH	rs	1 XXES 2 NO				
A	10e. STREET AND NUMBER			101. ZIP CODE			10g. CITIZEN O	F WHAT COUNTRY?		
ER	6313 LIBERIA ST	REET			20743 U.S.A.					
FUNERAL	11. MARITAL STATUS	U.S. ARMEO				or No- 14. R	ACE — American Indian, lack, White, atc.			
BY	1 Never Merried 2 X Married 3 Widowed 4 Divorced	2 NO TES	1 VES 2 X NO Specify: Specify:							
0	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working			16b. KIND OF BUS	SINESS/INDUSTR	,		
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)		e retired.)	most or working					
APL	11th grade		LABORE	R		FEDERAI	GOVERN	MENT		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden				
BE	JOHN FOUNTAIN				SADIE	FOUNTAIN				
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	et and Number or Rural	Route Number, City or Tow	n, State, Zip Code;			
2	EMMA L. FOUNTAIN		6313	LIBERL	A STREET	CAPITAL HE	EIGHTS.	MD, 20743		
	20a. METHOD OF DISPOSITION 1 Gurial 2 Cremation 3 Tame 4 Donation 6 Other (Specify)	CATION - City of	r Town, Stata 1, MARYLAND							
20a. METHOD OF DISPOSITION 1 St. Squiris 1 2 Cremetion 3 James from State MARATEAND VETERANS CEMETERY 20c. LOCATION — City or Town, State CHELTENHAM, MARYL 21. SIGNATURE OF ONE IN SECULD STATE 22. RIVILLY IN STREET OF THE STATE STATE 21. SIGNATURE OF THE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE ST										
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7	23. PART I. Entar tha diseases, or complications that caused the death. Do not enter the mode of dying, such se cerdisc or respiretory strest, shock, or heart feliure. Est only one ceuse on each line. IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Acute myocardial disease Due TO (OR AS A CONSEQUENCE OF): chronic myocardial disease.									
CERTIFICATION	Sequentisity list conditions, if any, leading to immediate ceuse. Enter UNDERLYING									
FIG	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE O	F):						
틾	resulting in death) LAST	i.								
	DART II Oshan shaddinan and dislam					B				
PHYSICIAN: MEDICAL	PART II. Other significent conditions	contributing to death be	ut not reculting	in the under	ying ceuse given in	Part i. 24a. WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
8	None					1 TYES 2	DE NO	OF DEATH?		
ME						<u> </u>		1 TYES 2 NO		
ä										
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	B. PLACE OF DEATH (C/	heck only one)				
YSI	1 X YES 2 □ NO	1 Inpatient 2 ER/Outp		4 - Nursing	Home 5 M Rasidence					
	27. MANNER OF DEATH 1 1/2 Natural 6 Pending 2 Analders Investigation	(Month, Day, Year)	26b. TIN	JURY	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURE	,		
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	26a. PLACE OF INJURY building, atc. (Speci		street, factory,	offica	261. LOCATION (Street City or Town, State		ral Route Number,		
9	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowl	Indea death accum	and at the time	dete and alone and du	to the councie) and	near se stated			
COMPLETED	cont only	R: On the basis of examination						se(s) and manner as stated.		
	296. SIGNATURE AND TITLE OF CERTIFIER	Deputy Med	ical Exa	miner	29c. LICENSE NU	MBER	29d. DATE SIG	NED (Month, Day, Year)		
BE	Child 1/2	084	2)	D099		D 7/	24/90		
2	0. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DE	ATH (ITEM 27) (Type	, Print)	//	1 4	17.	- 17 -		
- 1	John S. Rogers,	M.D., 1919 S	eminary	Road.	Silver Sm	ring, MD	20910			
	31_DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	IATURE							
	JUL 25'90 g	ele Savidson-Par	rdelle.							

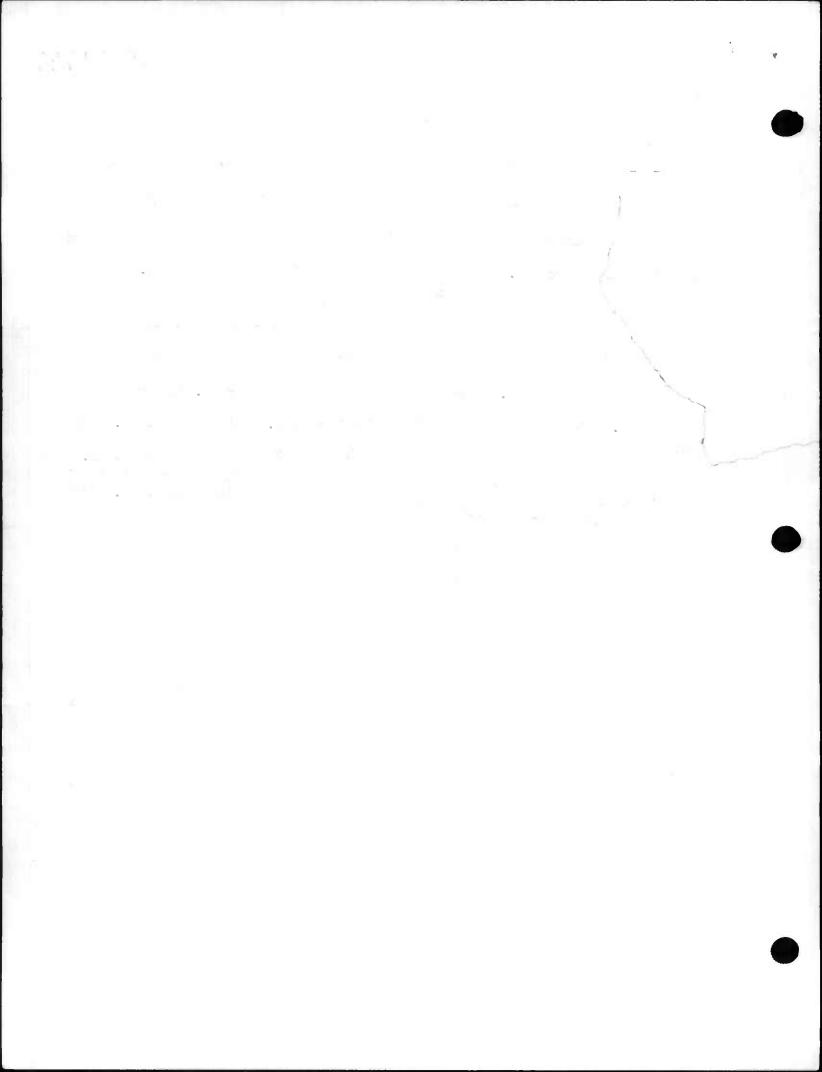




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	REGISTRAR		CERTI	FICALE	OF DEATH	1	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	00011/	F5.	-100	2.0	2. D/	ATE OF DEATH	ı Vi	3, T	ME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthdey	F UNDER 1	YEAR IF UNDER 24		TE OF BIRTH			8:35 P M	
	218-26-6648	1 □ M 2 D(F	(06 YRS.	MONTHS	DAYS HOURS	MIN.	lonth, Day, War)	4	Country) M	aryland	
1 ~	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, 1	OWN OR LOCATION	OF DEATH	0	9c. COUNTY	OF DEATH		
	RESIDENCE OF DECEDENT	HUSTA	AL WALTENOOR			OK Z	City				
DIRECTOR	10a. STATE 10b. COUNTY			ITY, TOWN OR					- 1	INSIDE CITY LIMITS?	
		more	R	leister	stown			10g, CITIZEN		YES 2 NO	
FUNERAL	13211 Maple Grov	e Ave.	21136					USA.			
N S	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER	IN U.S. ARMED		AS DECENDENT OF			or No- 14.	Black, Wh		
\ <u>\</u>	The state matrices and matrices	IF YES, GIVE WAR OR I						Specify: White		hite	
9	15. DECEDENT'S EDUC (Specify only highest grade		(Give kind of work done during most of working					BUSINESS/INDUSTRY			
) ET		College (1-4 or 5+)	life. Do NOT use retired.)					king			
once.	17. FATHER'S NAME (First, Middle, Last)			HOUSE		R'S NAME (Fil	rst, Middle, Maiden				
76 111	Ge	eorge A. Sen	tz			G	race B.	Murra	y		
TO TO	19a. INFORMANT'S NAME (Type/Print)				Street and Number or Grove A				,	21136	
2	Kenneth R. Fringe		Db. PLACE OF DISP	OSITION (Nam	a of complety cremat	lony or		CATION — City			
snua	12 Ourial 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from State	other place) De	LACE OF DISPOSITION (Name of commency, cremetory or her place) Deer Park Cemetery Reisterstown,							
ajue de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della c	21. SIGNATURE OF FUNERAL SERVICE LIC	21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITYECKhardt Funeral Chapel									
	R Long	Highlen	gille	4			Owings N			21117	
medical examiner must be notified		complications that of use List only one cause on	id the death. Do	not enter t	he mode of dying	g, such ss	cardiac or respi	retory srrest	,	Approximate interval Between Onset and Death	
the	IMMEDIATE CAUSE (Final disease or condition	. Hypo	XIA.						i	Onset and Death	
event,	resulting in dasth)	DUE TO (OR AS	A CONSEQUENCE		AV						
atic C	Sequantially list conditions,	b. E355C7	A CONSEQUENCE	OF:	MALY						
traur TAT	If sny, laading to immediata cause. Enter UNDERLYING	c									
ry, or other traumatic	that initiated events	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):									
ny injury, or other traumatic event, the	resulting in death) LAST										
3 _		d									
	PART II. Other significant condition	d		g in the uno	larlying cause giv	ven in Part	PERFOR	MED?	AVA	RE AUTOPSY FINDINGS ILABLE PRIOR TO AND ETION OF CAUSE	
0 0	PART II. Other significant condition Hyper An	d		g in the unc	larlying cause giv	ven in Part		MED?	AVA CON OF	ILABLE PRIOR TO IPLETION OF CAUSE DEATH?	
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INFO WITH 72 HOURS after death with the State Cept. of Heart 28 Is marked, or Hem 23 shows a RE COMPIETED BY DHYSICIAN: MED	PART II. Other eignificant condition ### PSW Aw 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER (Check only one) 2 MEDICAL EXAMINE	HOSPITAL: 1/O Inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) 28c. PLACE OF INJURY building, etc. (Sp	Atpatient 3 DOA Y 28b. 1 RY — At home, ferr	OTHER 4 Nursi	26. PLACE OF DE/ : ng Home 6 Resi 26c. INJURY AT WORK? 1 YES 2 ry, office re, data and placa, a	ATH (Check on Idence 6	PERFOR 1 YES 2 Other (Specify) DESCRIBE HOW I LOCATION (Street City or Rown, State)	NJURY OCCUP Ind Number or Inner as stated, id due to the c	AMA, COR OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF TH	Number:	
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32. REGISTRAR'S SIGNATURE Julia Davidson—Randelle



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DIVISION OF VITAL	PITAL OR ATTENDING PHYSICIAN; The law	RAL DIRECTOR; After this certificate has be 72 hours after death with the State Dept.
DIVISION OF VITAL	SPITAL OR ATTENDING PHYSICIAN: The law	NERAL DIRECTOR; After this certificate has be in 72 hours after death with the State Dept.
DIVISION OF VITAL	DSPITAL OR ATTENDING PHYSICIAN; The law	INERAL DIRECTOR, After this certificate has by thin 72 hours after death with the State Dept,
DIVISION OF VITAL	HOSPITAL OR ATTENDING PHYSICIAN; The law	LINERAL DIRECTOR; After this certificate has bivithin 72 hours after death with the State Dept.
DIVISION OF VITAL RECORDS, F.O. BOX 13149,	HOSPITAL OR ATTENDING PHYSICIAN; The law	FUNERAL DIRECTOR, After this certificate has bi within 72 hours after death with the State Dept.
DIVISION OF VITAL	E HOSPITAL OR ATTENDING PHYSICIAN; The law	E FUNERAL DIRECTOR; After this certificate has bid within 72 hours after death with the State Dept.
DIVISION OF VITAL	HE HOSPITAL OR ATTENDING PHYSICIAN: The law	HE FUNERAL DIRECTOR; After this certificate has bied within 72 hours after death with the State Dept.
DIVISION OF VITAL	THE HOSPITAL OR ATTENDING PHYSICIAN; The law	THE FUNERAL DIRECTOR; After this certificate has bifled within 72 hours after death with the State Dept.
DIVISION OF VITAL	THE HOSPITAL OR ATTENDING PHYSICIAN: The law) THE FUNERAL DIRECTOR; After this certificate has b. filed within 72 hours after death with the State Dept.
DIVISION OF VITAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, crematic

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1	-	FOR STATE REGISTRAR
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

REGISTRAR		CERTIF	ICATE O	F DEATH	REG. N	0.			
1. DECEDENT'S NAME (First, Middle, Las Carl L. Friedl	er	=)			2. DATE OF DEATH MONTH	DAY / 9	990 11.44 PM		
4. SOCIAL SECURITY NUMBER 213-32-3484	5. SEX 6. AG	55 vns.	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) 9/19/34		8. BIRTHPLACE (State or Foreign Country) Maryland		
99. FACILITY NAME (If not institution, give Sinai Hospital RESIDENCE OF DECEDENT	street end number)			n or location of d	EATH	9c. COUN	ITY OF DEATH		
10s. STATE 10b. COUN	ITY	1	TY, TOWN OR LO				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
100. STREET AND NUMBER L. Fernwood Trail			10f. ZIP CODE 32174				ZEN OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	S 2 NO	If yes,	ECENDENT OF HISPA	NIC ORIGIN? (Specify Van, Puerto Rican, stc.)		14. RACE — American Indien, Bleck, White, stc. Specify: white		
(Specify only highest gra	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)		18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)			18b. KIND OF BUSINESS/INDUSTRY Self-employed			
Estitation y out of tary	Esementally/Secondary (0-12)		Attorney			Baltimore Co. Law Office			
17. FATHER'S NAME (First, Middle, Last) Ellis Friedle	r				AME (First, Middle, Meldle Sappers te				
19a. INFORMANT'S NAME (Type/Print)		19b, MAILIN	G ADDRESS (Stre		Route Number, City or To		Code)		
Diane H. Friedle	r				mond Beach				
20a, METHOD OF DISPOSITION 1 Burial 2 Cremellon 3 Re 4 Donation 5 Other (Specify)		20b. PLACE OF DISPO	SITION (Name of	cometery, crematory or	20c. I	LOCATION - C	City or Town, State		
21. SIGNATURE OF TUNGRAL SERVICE	LICENSEE LOW	Imen	Gar;	AND ADDRESS OF F		al Home	es		
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	· Myo	s a consequence cand	or Dial	7 ibri	llati	5N	Interval Batwee Onset and Dea		
CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE	OF):						
PART II. Other algorificant conditi	PART II. Other algorificant conditions contributing to death but not			ring cause given in	Pert I. 24a. WAS. PERF	AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (C	heck only one)				
EXAMINER?	HOSPITAL:	Putpatient 3 DOA	OTHER:	iome 5 - Residence					
27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJUI (Month, Day, Yea	RY 28b TI	ME OF 28c.	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOV	V INJURY OCC	URED		
3 Suicide 8 Could not b	Accident Investigation 28e. PLACE OF INJURY — At home, building, etc. (Specify)				28f. LOCATION (Stre- City or Town, Ste	ION (Street and Number or Rural Route Number, Town, State)			
000)	YSICIAN: To the best of my ki						ed. e cause(e) and manner ee stated.		
29b. SIGNATURE AND TITUE OF CERTIF	Lesai	HOUSE	STAF	29c. LICENSE NU	IMBER	29d. DATE	E SIGNED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON OF	DESAI	. SINI	91	HOSP.	OF	BAL	TIMORE		
31. OATE FILED (Month, Day, Year) 90	32. REGISTRAR'S S	IGNATURE Pand	all.						

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OHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the nospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF DEATH
	Raymond Wy:	ley GRI	EEN			July 10,	1990 YEAR	12:47 A.M.
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIR	THPLACE (State or Foreign
	423-40-0403		8 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 5/8/32	Vi	rginia
	9a. FACILITY NAME (If not institution, give street Woody Funeral Home	et and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY OF	DEATH
DIRECTOR	1771 Parham Road	Doctor's	Hospital	Lanh	am, Maryl	.and		
E I	10s. STATE 10b. COUNTY		10c. CI	TY, TOWN OR LOCA	TION			10d. INSIDE CITY
H	Virginia Henr	rico	Ric	chmond				LIMITS?
	10e. STREET AND NUMBER	100	, AZ		M. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	1307 Warfield Road	1			23229		USA	
ا ۾		12. WAS DECEDENT EVER FORCES? 1 YE				HC ORIGIN? (Specify Yearn, Puerto Rican, etc.)		CE — American Indian, ack, White, atc.
ВУ	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR			S 2 X NO Specify		0.22	White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or	TION ompleted)	16a. DECEDENT'S	S USUAL OCCUPAT work done during m	ON ost of working	16b. KIND OF BUS	SINESS/INDUSTRY	
"		College (1-4 or 5+)					. 1 0	
MP	12		Const	ruction			erick &	Howell
8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Malden	Surname)	
BE	Arthur C. Greene					. Ward		
0	19a. INFORMANT'S NAME (Type/Print)		19b, MAILIN	G ADORESS (Street	and Number or Rural I	Route Number, City or Tow	n, State, Zip Code)	
F	Estelle C. Greene	- Wife	1307	Warfiel	d Road	Richmond	, Virgin	ia 23229
	20s. METHOD OF DISPOSITION 14 Burial 2 Cremation 3 Remov	mi from State	20b. PLACE OF DISPO	SITION (Name of co	metery, crematory or	20c. LO	CATION — City or	Town, State
	4 Donetion 5 Other (Specify)		Greenwood				chland C	ounty, VA
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE .		22. NAME A	dy Funera	CILITY		
	> Thechand	W. Ze	nes			1 - 1771	Parham	Road
	23. PART I. Erter the diseases, or co	mplications that caur	ed the death. Do					Approximete
	ahock, or heert feilure. LI			_	k		0.8	Interval Between Onset and Death
	disease or condition	Helend ,	Jeleno k	100000	W MAN	diousse	uland	isame
	resulting in deeth)		S A CONSEQUENCE		1,20-81			
z								
CERTIFICATION	Sequentially list conditions, If eny, leading to immediate	DUE TO (OR A	S A CONSEQUENCE	OF):				
CA	CAUSE (Disease or Injury							
H	that initiated events resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE (OF):				
ER	d.							
	PART II. Other aignificant conditions	contributing to death	but not resulting	in the underlyi	ng cause given in	Part I. 24a. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS
DICAL				•		PERFOI	_	AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1 □ YES 2	1 3 100	OF OEATH?
ME					<u> </u>	-		1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL				PLACE OF DEATH (CA			
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:				
ΙΥS	1 PES 2 NO	1 ☐ Inpetient 2 ☐ ER/O			me 5 🗆 Residence		N HIPV OCCUPEO	
	1 Netural 5 Pending	(Month, Day, Yea	200. 11	NURY W	JURY AT ORK? YES 2 NO	28d. OEŞCRIBE HOW	NJUNY OCCUREO	
BY	2 Accident Investigation	28e. PLACE OF INJU	JRY — At home, farm.			28f. LOCATION (Street	and Number or Bur	al Route Number
COMPLETED	3 Suicide 8 Could not be determined	building, atc. (S	pecify)	,,		City or Town, State,		,
E	290. CERTIFIER 1 CERTIFYING PHYSIC	AN: To the best of my kr	owledge, death occur	rred at the time de	e and place, and due	in the cause(s) and ma	nner as stated.	
ME	(Critick Orliny							e(a) and manner as stated.
	296_SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NU	MREO	204 DATE SIGN	ED (Month, Day, Year)
BE	Mugue Ar 4	Hadas	1110/11	1111	1013	7.4	> 7_	10-00
2	30. NAME AND APORESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH STEM STO CE	no Print)	VH-	00	1	10
	(/ V	()	U 277 (191				•	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	IGNATURE					
	IIII TR'90 8	1	-112 4047					

TO BE COMPLETED BY FUNERAL DIRECTOR

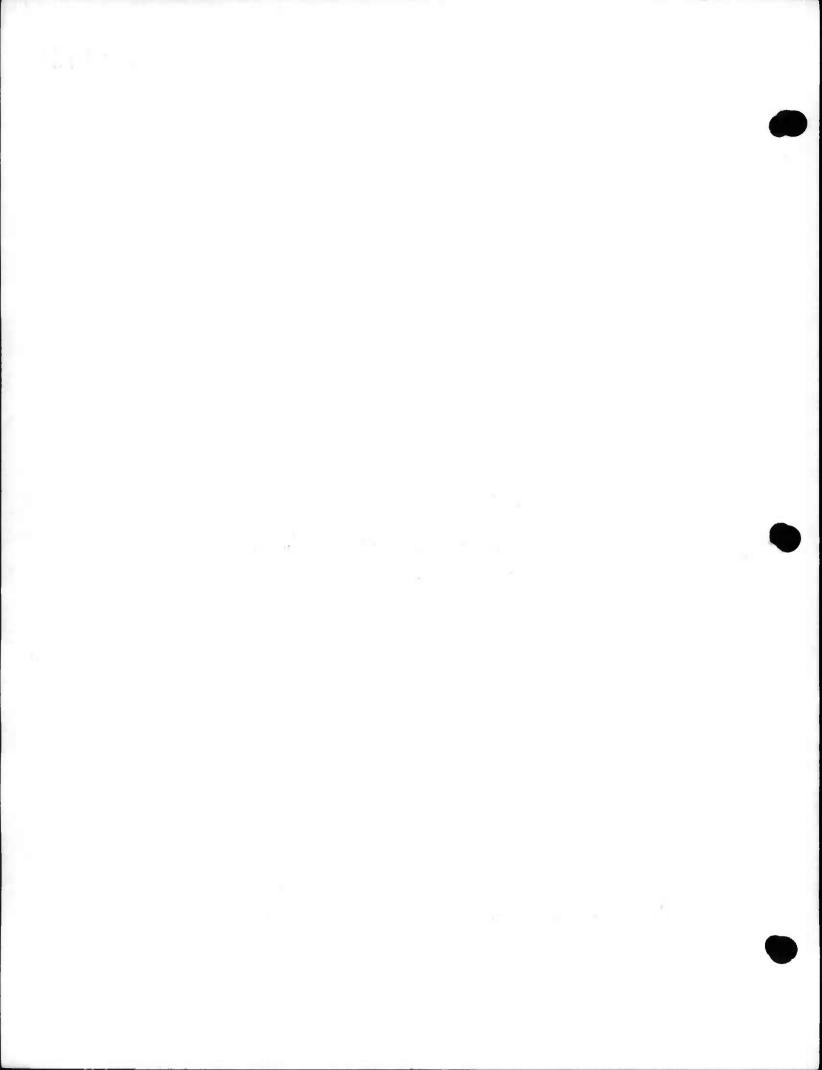
MPORTANT: if then 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	STATE REGISTR	Αl
T	1. DECEDENT'S	N
ı	Wil	1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	Greatution, give atm NARY DENT OB. COUNTY	s. sex 1x M 2 D F rect end number) LAND ce Georg	74 HOSF	yrs. lest birthdey) YRS.	IF UNDER	R 1 YEAR	AE LINDER		2. DATE OF MONTH	DEATH DA		YEAR	3. TIME OF DEATH 9:32 A
4. SOCIAL SECURITY NUMBER 579-74-1106 90. FACILITY NAME (If not institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute of the institute	MARY DENT OB. COUNTY	s. sex 1x M 2 D F rect end number) LAND ce Georg	74 HOSF	PITAL	MONTHS		E LINDER		7				9:32 A W
579-74-1106 SOUTHERN OR RESIDENCE OF DECEI 100. STATE 10 Maryland 100. STREET AND NUMBER 7304 Craff (11) 11. MARITAL STATUS	MARY DENT OB. COUNTY	M 2 F eet end number) LAND ce Georg	74 HOSF	PITAL	MONTHS		IE LINDER					90	
Southern of December 100. STATE 100. STATE 100. STATE 100. STATE AND NUMBER 7304 Craff of Maryland 101. Marital Status	Prince	ce Georg	HOSF	PITAL		DAVE	1	24 HRS.	7. DATE OF	BIRTH		6. BIRTH	IPLACE (State or Foreign
SOUTHERN OF RESIDENCE OF DECEION STATE Maryland 100. STREET AND NUMBER 7304 Craffe 11. MARITAL STATUS	DENT Ob. COUNTY	ce George			9b. CITY		HOURS	MIN.	3-15	16			yland
Maryland 100. STREET AND NUMBER 7304 Craff 11. MARITAL STATUS	Princ		:010	The last	CL	1N1		ON DF DE	ATH			NCE	EGEORGES
7304 Craff			010	10c, CH	TY, TOWN C	OR LOCAT	TION						10d. INSIDE CITY
7304 Craff			,e s	0x0	on Hi	11							1 X YES 2 NO
11. MARITAL STATUS	ord Pi					101	. ZIP CODI	E			10g. CIT	IZEN OF	WHAT COUNTRY?
							2074	5			U.	.S.A.	
3 Widowed 4 Divorce		12. WAS DECEDE! FORCES?	1 YES	2 X NO	- 1	If yea, sp		n, Mexice	iiC ORIGIN? (8 n, Puerto Rice :		or No—	Spec	E — American Indien, k, White, atc. i/ly: Lack
15. DECEDI (Specify only hi	ENT'S EOUC	ATION	-	16a. DECEDENT'S	S USUAL O	CCUPATII	DN		16b. KI	ND OF BUS	INESS/IN		Luck
Elementary/Secondery (0-12		College (1-4 or 5	+)	life. Do NOT u	ise retired.)	during mo	AST OF WORKE	79					
0-5				Unempl	Loyed	1							
17. FATHER'S NAME (First, Middle	die, Last)						16. MOT	HER'S NA	ME (First, Midd	die, Maiden	Surneme)		
Unknown	-						20.000000000000000000000000000000000000		Gree				
19e. INFORMANT'S NAME (Type									Route Number,				oc 20017
James Hill 20a. METHOD OF DISPOSITION			000	PLACE OF DISPO					N.E.			SIL., L	OC 20017
1 Buriel 2 Cremetion 4 Donation 5 Other (Sc	3 🗌 Remo	oval from State	1000	other place) Lincoln				z suini		Was	shing	gtoņ	,D.C.
21. SIGNATURE OF FUNERAL S	SERVICE LICE	ENSEE		001	22. R.C	name al	ND ADDRE	Masc	on Fun	eral	Home	e, Ir	nc.
Honde	, ,	2 A		881							r 1	Wash	,DC 20020
IMMEDIATE CAUSE (Finel	irt fallure. L	omplications the		the death. DD	not enter	r the mo	ode of dy	Ing, suc	h es cerdie	or respi			Approximete Interval Between Onset and Death
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING	na, ate	Car DUE TO M	O (OR AS A	the death. Do	not enter	r the mo	ode of dy	Ing, suc	h es cerdie	or respi			Approximete Interval Between
disease or condition resulting in death) Sequentially list condition if any, leading to immedia	na, ate G	DUE TO	O (OR AS A O	the death. Do ch line.	npt enter	r the mo	ode of dy	Ing, suc	h es cerdie	or respi			Approximete Interval Between
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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mons after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	cren	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN		TMENT OF H			GIENE G. NO.	90	2175
	1. DECEDENT'S NAME (First, Middle, Leet)	Mildred M. L	ong	Long	7 Y 5	2. DATE OF DE	22, 19	90 3	TIME OF OEATH AM
	4. SOCIAL SECURITY NUMBER 213 50 9256	1 🗆 M 2 🗱 84	rs. lest birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. * HOURS MIN.	7. DATE OF BIT	8 /05	Wash	ington D.C.
TOR	9a. FACILITY NAME (If not institution, give strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the st	ospital s		Silve	L Spi	ring		or T4	omery
DIRECTOR	MD	Anne Arundel	10c. CIT	Y. TOWN OR LOCAT		Edgev		1	INSIDE CITY LIMITS? YES 2 NO
FUNERAL	10e. STREET AND NUMBER 370	3 Knox Drive		101	21037	,		ted S	tates
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	2 MO	If yes, sp	ENOENT OF HISPAN ecity Cuban, Maxica 2 NO Specifi	in, Puarto Rican,		14. RACE — Black, V Specify:	American Indian, white, atc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elamentary/Secondary (0-12)		(Give kind of a life. Do NOT us	usual occupation work done during mote retired.)	ON ast of working		of Business/ini	DUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) William C. DeWal	t	770.110		16. MOTHER'S NA Elizab		Maiden Sumame)		
0	19a. INFORMANT'S NAME (Type/Print) Elaine Ary May				nd Number or Aural n Road B			20720)
	20a. METHOD OF DISPOSITION 1 Transport State 2 Cremation 3 Remo	rval from State of	her place)	oln Ceme			20c. LOCATION — Brentwo		
	21. SIGNATURE OF FUNERAL SERVICE LICE		Page	22. NAME A	no address of fa	s Funer	al Home	, P.A	
	23. PART I. Enter the diseases, or c ahock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause on each	ı Ilne.	not enter the mo	ede of dying, suc	ch se cerdiac d	r raapiratory sr	reat,	Approximete interval Batween Onset end Deeth
CERTIFICATION	Sequantielly list conditions, if sny, lasding to immediata causa. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE O	F):	Cardiov	asculo	rAi	ease	* Lars
PHYSICIAN: MEDICAL CE	PART II. Other significent condition	a contributing to deeth but	. 7	in the underlyin	g couse given in HEMBIY	hard	WAS AN AUTOPSY PERFORMED? YES 2 NO	0	PERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F OEATH? YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 // YES 2 // NO	HOSPITAL:		OTHER:	LACE OF OEATH (C)			1.	
	27, MANNER OF DEATH 1 (Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIR	E OF 28c. IN	JURY AT ORK? YES 2 NO		E HOW INJURY O	CURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28s. PLACE OF INJURY — building, atc. (Specify)	At home, farm,	atreet, factory, offic	ca .	281. LOCATION City or Tow	(Street and Numbern, State)	er or Rural Roo	de Number,
COMPLET	anal Control of the	CIAN: To the best of my knowleds							and manner as stated.
BE	296 SIGNATURE AND TITLE OF CERTIFIEF	In Depu	ty W	redial	29c. LICENSE NU	P52	15	72.	North, Day, Year)
요 .	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF PEATH	H (ITEM 27) (7)	verus !	way Ret	Hy47	TSui /le	MD	31
	31. DATE FILEO (Month, Day, Year) JUL 2 7 90	32. REGISTRAR'S SIGNATURAL DAYS							

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DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 22 months after death. Page 6 may be retained by the hospital or attending physician.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hydrene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH	AND	MENTAL HYGIENE
CERTIFICATE OF DEA	TH	REG. NO.

1 - FOR STATE REGISTRAR	STATE OF MARYL		T OF HEALTH AND I	MENTAL HYGIEN	E				
1. DECEDENT'S NAME (First, Middle, Last)	GAR	RNER		2. DATE OF DEATH MONTH DA		3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER		'in yrs. last birthday) IF UNDE	R 1 YEAR F UNDER 24 HRS.	7. OATE OF BIRTH	8. BIRT	HPLACE (State or Foreign			
214-18-8263-A	1 M 2 2 F	71 YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year) 11-6-18	Coun	Mc .			
9e. FACILITY NAME (If not institution, give :	1	9b. CIT	y, TOWN OR LOCATION OF DE		9c. COUNTY OF I				
SOUTHERN IN	ARY I AND L	tos PIM	Clirete	27	PRINCE	4 Golges			
10e. STATE 10b. COUNT	·G.	Clinto				10d. INSIDE CITY LIMITS?			
100. STREET AND NUMBER		CITITO	10f. ZIP CODE		10a. CITIZEN OF	1 Tes 22 NO WHAT COUNTRY?			
11325 Marler Av	venue		20735		USA				
11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES?	N U.S. ARMED 13.	WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica	ANIC ORIGIN? (Specify Yee or No — 14. RACE — American Indian, can, Puerto Rican, etc.) Black, White, etc.					
1 Never Merried 2 Merried 3 Widowed 4 Divorced	IE VES CIVE WAS OB DATES 4 VES 2 NO NO CONSTITUTE					112-27-2-32			
15. DECEDENT'S EDU	ICATION	16a, DECEDENT'S USUAL C	OCCUPATION	16b. KIND OF BUS	I SINESS/INDUSTRY	W1200			
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work done life. Do NOT use retired.)		working					
7	0	Farming & C	Construction			ravel			
17. FATHER'S NAME (First, Middle, Last)	or			ME (First, Middle, Melden . Moore	Surname)				
Charles L. Garne	eT.	19b, MAILING ADDRES	S (Street and Number or Rural I		n. State. Zin Code)				
Elizabeth Settle	е		10a-10f.	toto Harrison, Only or Torri	, otato, Esp occory				
20s, METHOD OF DISPOSITION	20i	PLACE OF DISPOSITION (N			CATION — City or T				
4 Donation 6 Other (Specify)			. Gardens Cem						
21. SIGNATURE OF FUNERAL SERVICE LI	CENTRE D) [66	NAME AND ADDRESS OF FA	nder Ferry		me, inc.			
Jerianne	2 Dave	C:	Linton,Maryla	nd 20735					
23. PARTY Enter the diseases, or shock, or heart fellure.	complications that cause List only one cause on a		r the mode of dying, auc	h aa cardiac or reapi	ratory arrest,	Approximata interval Between			
IMMEDIATE CAUSE (Final disease or condition	MEDNANAT.	MEDACHADI	C CANCER F	DOM STCM	OTD COL	ON. 9 mont			
reaulting in death)		METASTALL CONSEQUENCE OF):	C CANCER F.	ROM SIGM	JID COI	ON. 3 MOITE			
	a chronic	obstructiv	e pulmonar	y disease	2.	yrs.			
Sequentially list conditions, if any, leading to immediate		CONSEQUENCE OF):							
CAUSE (Disease or Injury that initiated events	a Diabetes	mellitus,	type II.			Yrs.			
resulting in death) LAST	d atherose			rt diseas	- 0	Yrs.			
PART II. Other algolificent conditio						b. WERE AUTOPSY FINDINGS			
				PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
C OMa, Hepatic metastasis,in					PA NO	OF DEATH? 1 YES 2 NO			
hvdronephrosi				ane y					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			25. PLACE OF DEATH (Ch	eck only one)					
1 TYES 2 NO	HOSPITAL:		rsing Home 5 - Reeldanca						
27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	26c. INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURED				
2 Accident Investigation	28e. PLACE OF INJURY	f — At home, ferm, street, fe		28f. LOCATION (Street	and Number or Rural	Route Number.			
3 Suicide 6 Could not be 4 Homicide datermined	building, etc. (Spe		*	City or Town, State)					
29e. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my know	riedge, death occurred at the	time, date and place, and due	to the cause(e) and mar	nner as stated.				
(Orbon oray	ER: On the basis of examination					(e) and menner as stated.			
29b. SIGNATURE AND TITLE OF CERTIFIE	R		29¢. LICENSE NUI	MBER	29d. OATE SIGNE	O (Month, Day, Year)			
Jefen	Wans	240	D1288	4	July	20 1990			
30. NAME AND ADDRESS OF PERSON W			AUD AUTON	101 05 7	ALL MODIA	20725			
PETER W. YIM M. 31. DATE FILED (Month, Day, Vear)	1.D. 7900 O		AVE. SUITE	TO T, CT1.	NTON, ML	20735			
	0 X : 4 5								
1 1 1 1 1 1									

Sit of De

3. TIME OF DEATN

10d. INSIDE CITY 1 YES 2 100

14. RACE — American Indian, Black, White, atc.

White

1:30 8. BIRTHPLACE (State or Foreign

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

_		***************************************				~=						ma. 110.			
		1. DECEDENT'S NAME (First, Middle, Last) Evelyn S. Graham								July 22, 1990 1:30					
				6. AGE (In ye	rs. last birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF B	BIRTH Seri 1907		PLACE (State or		
(200)	ОВ	9a. FACILITY NAME (If not in Rt 1 Box		treet end number)			9ь. спту, Sal		ury				9c. COUN	TY OF D	
r. Pages 1,	DIRECTOR	nesidence of de 100. STATE	10b. COUNTY	comico			y, town of Salis								10d. INSIDE CIT LIMITS? 1 YES 2
nsit permit	ERAL		Rt 1 Box 23B					10f. ZIP CODE 221801				10g. CITIZEN OF WHAT COUNTRY?			
-3146 Iding physician. S the burial-transit	BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT E FORCES? 1 FORCES? 1 FYES, GIVE WAR				₹ NO	11	yes, spe		n, Maxice	n, Puerto Ricar	Specify Yes or No— 14. RACE — American Black, White, atc. Specify: Wh			
203-31 r attending use as the	E I		CEDENT'S EDU		16	a. DECEDENT'S	work done di			ng .	16b. KIN	D OF BUS	INESS/IND	USTRY	
2 e 2	PLET	Elementary/Secondary (0-12)				Registered Nurse						Hospital employe			ployee
LAND by the hospit be detached at once.	E COMP	17. FATHER'S NAME (First, Middle, Last) John B. Sinclair									s NAME (First, Middle, Melden Sumarne) e V. Jamart				
MARYL e retained by e 5 should be notified at	TO BE	John S. (b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Rt. 1 Box 23B, Salisbury, Maryland 21801						21801		
MORE, I age 6 may be director, page or must be		20a, METNOD OF DISPOSITION 1 Surial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)					ISPOSITION (Name of cometery, cremetory or 5t Marys Cemetery Tyaskin, Md								
A direc		AL CONTRACTOR OF CONTRACTOR	AL REPURCE LA	newers.											

M00417 Messick Funeral Home, P.O. Box 61 Bivalve, Maryland 21814 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or haart failure. List only one cause on each line. Interval Between

Sequentially list conditions, If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST

IMMEDIATE CAUSE (Final disesse or condition resulting in death)

metastata DUE TO (OR AS A CONSEQUENCE OF Molle non

DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.

24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

1 YES 2 NO

th. Day. Year)

90

Onset and Death

or this chor tire rules to mestone	at PLACE OF BEATH (Check only one)									
1 YES 2 NO	HOSPITAL: 1 Inpatient 2 TER/Outpatient 3	DOA 4 Nu	R: rsing Home 6 - Residence	6 Other (Specify)						
7. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE NOW INJURY OCCURED						
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At ho building, etc. (Specify)	ome, farm, atreet, fac	ctory, office	26f. LOCATION (Street and Number or Rural Route Number City or Town, State)						

29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data end place, and due to the ceuse(s) end

290. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIG	NED (Mon
XCI rams	0 20507	17	24/
20 NAME AND ADDRESS OF DEDSON WHO COMPLETED CALLS OF DEATH STEM 27 Class Death			

CARROLLST SALIS as-201 145 32. REGISTRAR'S SIGNATURE

4 '90 lie Davidon Mandall

OHMH-16 Rev 1/89

funeral rs after death. F this certificate has been signed by the attending physician and completely filled in by the 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIRECTOR: After the hours after death v

shows any injury, or other traumatic event, the medical examin

MEDICAL CERTIFICATION

PHYSICIAN:

COMPLETED Item

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28 is marked, BY



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DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages hed within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death TO THE FUNERAL DIRECTOR. After this certificate has been signed by the after be filed within 72 hours after death with the State Dept. of Health and Mental IMPORTANT; If Item 28 is marked, or Item 23 shows any Injury, or

STATE OF MARYLAND /	DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIEN	E
CI	ERTIFICATE	OF	DEAT	H		REG. NO.	

FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART				HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last, Jose Astu.		Gonzal	es		2. DATE OF MONTH 07				3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR IONTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, & O 1 —	BIRTH 20-66		Country)	ce (State or Foreign	
Peninsula Gen				sbury	EATH		9c. COUNTY		nico	
	TATE 10b. COUNTY			ion urch				1	I. INSIDE CITY LIMITS? YES 2 NO	
10e. STREET AND NUMBER	0e. STREET AND NUMBER			. ZIP CODE	10g. CITIZEN OF WHA				COUNTRY?	
2936 Monticel 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	IN U.S. ARMED B 2 XNO DATES	13. WAS DEC	22042 E1 Salv					American Indian		
15. DECEDENT'S ED (Specify only highest grad Elementery/Secondary (0-12)	16a. DECEDENT'S U: (Give kind of wo life. Do NOT use		ON .		IND OF BUSIN		TRY			
6 17. FATHER'S NAME (First, Middle, Lest)		Dry Wal	ry Wall Installer Cor					ion		
Ferderico Med	rano			Maria			umeme)			
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Rural	Route Number	City or Town,	State, Zip Co	de)		
Maria Medrano 200. METHOD OF DISPOSITION		2936		cello D	r, Fa	7	Churc			
1 M Buriel 2 Crometon 3 Re 4 Donetion 5 Other (Specify) 21. SIGNATURE OF UNERAL BERVICE I	moval from State	other place)	22. NAME AI	o ADDRESS OF FA		El	Salva	ador		
disease or condition reaulting in death)	a. Massive Head Trauma DUE TO (OR AS A CONSEQUENCE OF):									
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other significant condition	ons contributing to death	but not resulting in	the underlyin	g cause given in		24a. WAS AN A PERFORM 1 YES 2	IED?	OF	RE AUTOPSY FINDI ALABLE PRIOR TO MPLETION OF CAU DEATH? YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF OEATH (C	heck only one)					
1 X YES 2 NO	HOSPITAL: 1 ☐ Inpetient 2 X ER/O		OTHER: 4 - Nursing Hon	ne 5 🗆 Residence	6 🗆 Other ((Specify)				
27. MANNER OF DEATH 1 Natural 5 Pending	280. DATE OF INJUR (Month, Day, Year 07-22-9	Y 285. TIME	RY WO	URY AT		RIBE HOW IN				
2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	28a. PLACE OF INJUL	RY At home, form, st	reet, factory, offic		281. LOCAT	assenger in auto accid BLOCATION (Street and Number or Rural Route Number, City or Rown, State) Willards. Maryland				
one)	SICIAN: To the best of my known NER: On the basis of examine	owledge, death occurred	st the time, date	and place, and du	e to the cause	e(e) end mann	or as stated.		arylan(
29b. SIGNATURE AND TITLE OF CERTIF	NER			29c. LICENSE NU	IMBER		29d. DATE S	IGNED (M	onth, Day, Year)	
John 502	ulkaley	Depu-		. DO:	3599		0	7-22	2-90	
John T. Bulk 31. DATE FILED (Month, Day, Year) 111 2 3 '90	eley M.D. 32, REGISTRAR'S SH	108 P:	Print)	uff Roa		Salis				

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF H			GIENE G. NO.				
	PICE W.		CĒ		2. DATE OF DE		YEAR 90	3. TIME OF DEATH		
217 - 34 - 3030	1 🗆 M 2 💢 F	n yrs. last birthday) 75 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR Month, Day, 1	1914	Teny	ressee		
99. FACILITY NAME (If not institution, give street 299 Red Clay Road RESIDENCE OF DECEDENT	Apt. 203		Laurel	OR LOCATION OF DE	ATH		Anne Arundel			
100. STATE 10b. COUNTY Maryland Anne A								10d. INSIDE CITY LIMITS? 1 PES 2 NO		
10e. STREET AND NUMBER 299 Red Clay Road 11. MARITAL STATUS 1 Never Merried 2 Merried	299 Red Clay Road Apt. 203						10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
3 N Widowed 4 Divorced	1 Never Merried 2 Merried FORCES? 1 YES 2				IC ORIGIN? (Spec n, Puerto Rican, a		14. RACE Black, Specifi Wh			
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12) Ghade 10 17. Father's NAME (First, Middle, Last)	(Specify only highest grade completed) (G Elementary/Secondary (0-12) College (1-4 or 5+)				ISUAL OCCUPATION Is the during most of working relied.) If the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit is the limit					
17. FATHER'S NAME (First, Middle, Last) William Baker	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, 1) Davis	Maiden Sumame)				
190. INFORMANT'S NAME (Type/Print) Charles Gary Gonce	2			nd Number or Aural A				707		
20s, METHOD OF DISPOSITION 1 X Burtel 2 Cremellon 3 Remod 4 Donation 6 Other (Specify)	rai from State	other place) St. John	s Cemet		ŧ		: Cit	m, stata y, Maryland		
21. SIGNATURE OF PUNERAL SERVICE LICE	22. NAME AND ADDRESS OF FACILITY Donalds on Funeral Home, P. a 313 Talbott Ave., Lawrel, Ma 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory s							nd 20707		
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	disease or condition resulting in death) s. <u>ERMINAL METASTATIC MALIGNANT LYMPHOM</u> DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	PE					MAS AN AUTOPSY PERFORMED? YES 2 NO	245.	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Che						
	1 Inpetient 2 ER/Outp 26s. DATE OF INJURY (Month, Dey, Year)	26b. TIM	E OF 28c. IN.	IURY AT DRK?		HOW INJURY OC	CURED			
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	— At home, farm, (cify)		M 1 YES 2 NO et, factory, office 281. LOCATION (Stre				reet and Number or Rural Route Number, tarte)			
east strip	IAN: To the best of my know							and manner as stated.		
296. SIGNATURE AND THIRD OF CENTRAL	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion 29b. SIGNATURE AND THE OF CENTER IN						DATE SIGNED (Month, Day, Year)			
30. NAME AND ADDRESS OF PERSON WHO DR TAKY MO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	Print) 3457	Rit	Mendo	RI	Su	ite 109		
31. DATE FILED (Month, Pay Year) 9	32. REGISTRAN'S MIGN	Daydson-A		, 001	Lau	ree Wi) 2	0724		

Pages 1, 2, 3 should

permit.

sician.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
urs after dea	in by the fur	removal.	edical exa
within 24 ho	npletely filled	cremation, or	rent, the m
be executed	cian and con	ior to burial,	raumatic en
th certificate	ending physi-	I Hygiene pri	or other to
that the dea	ed by the att	th and Menta	any Injury,
law requires	as been sign	Dept. of Heal	23 shows
INSICIAN: The	is certificate !	ith the State	ed, or Item
TENDING PH	TOR: After thi	after death w	28 is marke
PITAL OR A	ERAL DIREC	in 72 hours	IT: If Item
TO THE HOS	TO THE FUN	be filed with	IMPORTAN

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. OECEDFNT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF GEATH Gerry Lee Harris 07-25-90 705 M 4. SOCIAL SECURITY NUMBER 7. OATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. M 2 F 564-68-5372 41 08-23-48 Pennsylvania 9e. FACILITY NAME (If not institution, give street and number) THE LOCATION OF DE 9c. COUNTY OF GEATH AAFD #41, Parking Lot DIRECTOR Shady Side Anne Arundel RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE 10b. COUNTY Anne Arundel Shady Side 1 YES 2X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6201 Shady Side Road 20764 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 14 LYES 2 NO IF YES, GIVE WAN OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE -- American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Merried 23 Merried 1 YES ZY NO Specify: BY 3 Widowed 4 Divorced White 1967-70 COMPLETED 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16b. KINO OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Owner Security Systems 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Max Allen Harris BE Bessie Marie Martin 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Hanover, MD 19e. INFORMANT'S NAME (Type/Print) 2 Bessie 33 C hesapeake Mobile Homes #13, Μ. Harris 20e. METHOD OF DISPOSITION
1 ◯ Seuriel 2 ◯ Cremetion 3 ◯ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State Arlington ☐ Donation 5 ☐ Other (Specify). National Cemetery Arlington, VA 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Hardesty Funeral Home P.A. 851 Annapolis Road, Gambrills, MD 23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fellure. Liet only one cause on each line. **Approximate** Interval Between Onset and Death IMMEDIATE CAUSE (Final diseese or condition 40 240resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 246. WERE AUTOPSY FINDINGS MEDICAL AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 8 Other (Specify) 1 YES 2 NO 1 Inpatient 2 ER/Outp ent 3 🗆 DOA e 5 🗆 Residence 4 Nurs 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW 35 5 Pending 1 Natural 1 YES 2 NO BY 2 Accident 28f. LOCATION 3 Suicide 4 Homicide PEACE OF INJURY - At he 6 Could not be COMPLETED 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due 2 MEDICAL EXAMINER: On the basic of exemination and/or investigation, in my opinion, death occured at the time, date and place, and due 296, SIGNATURE AND TITLE OF CERTIFIER 29d, DATE SIGNED (Month, Day, BE mo

LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. DEGISTRATIS SIGNATURE

PNES

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zerrouns after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to burla, cremation, or removal.	IMPORTANT; If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune find within 20 hours after death with the State Dect, of Health and Mental Hydiene prior to burlal, cremation, or removal.	ven
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FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M CERTIFICATE OF DEATH					
1. OECEDENT'S NAME (First, Middle, Lest)		2. DATE				
Frieda	Heyburn	MONTH 0.7				

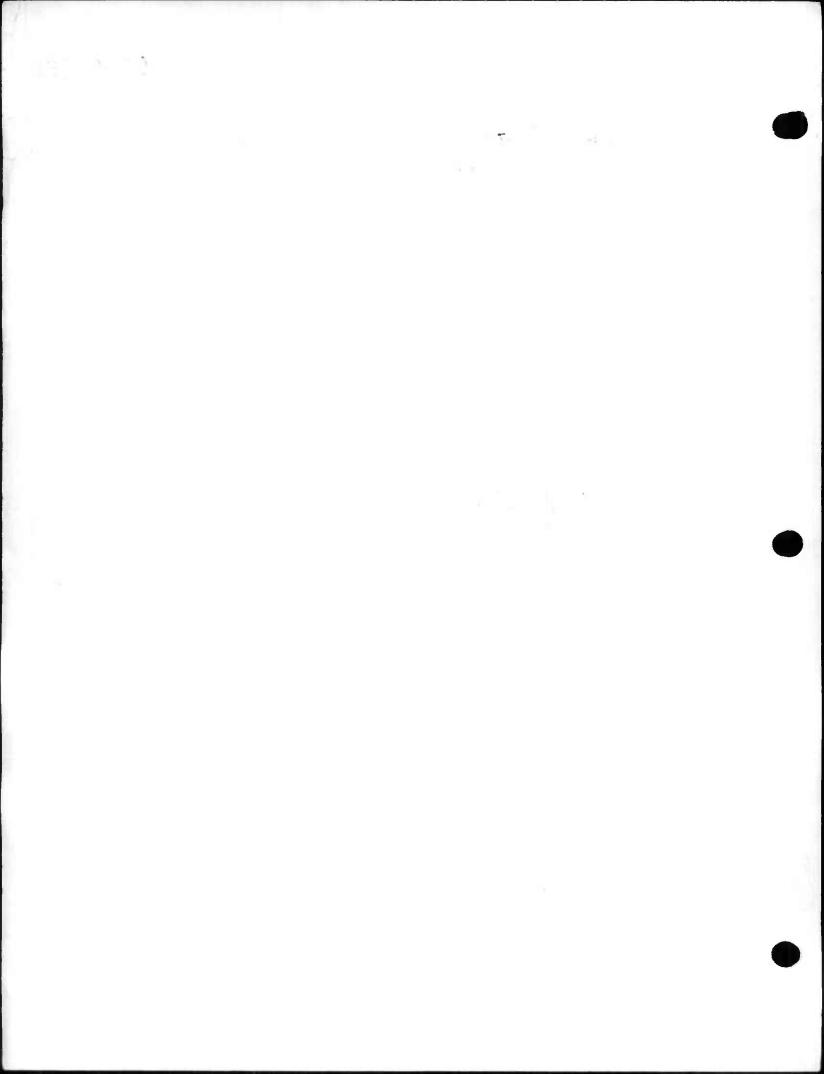
	FOR STATE REGISTRAR	STATE OF MARYLAND /			HEALTH AND F DEATH	MENTA	REG. NO.	E			
	1. OECEDENT'S NAME (First, Middle, Lest) Frieda	Heybu	ırn			MON	e of death th day 7-22-9		YEAR	3. TIME OF OEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last	t birthday)	IF UNDER 1 YEA		7. OAT1	E OF BIRTH	8. BIRTHPL Country)		PLACE (State or Foreign	
	097-46-8308	1 □ M 2 □xF 90	YRS.	MONTHS DAY	HOURS MIN.		29-99		Geri		
	9a. FACILITY NAME (If not institution, give st			9b. CITY, TOW	N OR LOCATION OF E	DEATH		9c. COU	NTY OF O	ATH	
DIRECTOR	Anne Arundel M	1edical Center		Anna	polis			Ann	Anne Arundel		
Ä	10e. STATE 10b. COUNTY			Y, TOWN OR LO						10d. INSIDE CITY LIMITS?	
ā		Arundel	A	nnapo	lis			1₺ YES 2 NO			
ME	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITI		HAT COUNTRY?	
ÿ.	311 Dewey Driv				21401			L,	USZ		
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 ☐ YES 2 ☑ N IF YES, GIVE WAR OR DATES	MED IO	If yes	Specify Cuben, Mexic (ES 2) NO Spec	an, Puarto		or No—	14. RACE Black Specif	- American Indian, White, etc. y: White	
	15. DECEDENT'S EDUC	CATION 16a. DE	CEDENT'S	USUAL OCCUP	ATION	16	b. KIND OF BUS	INESS/INC	DUSTRY	MILLE	
<u>u</u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 8+)	Do NOT us	work done during se retired.)	most or working						
MPI	12	hou	ısew	ife			house	ehol	.d		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N			,			
BE	Theodore Lande						Straul				
5	190. INFORMANT'S NAME (Type/Print) Rev. Theodore	Heyburn CSSR	515	Loch	et and Number or Rura Haven F	Route Nui	mber; City or Town	, State, Zip	er,	MD	
	20s. METNOD OF DISPOSITION	20b. PLACE	OF DISPO		cemetery, cremetory or				City or To	wn, State	
		St stee	John	's Ce	metery		Midd	dle	Vil	lage, NY	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAMI	and address of F desty Fu	ACILITY	al Hor	no D	Σ Δ		
	Datel Ac	and le			Ridgely					is,MD	
	23. PART I. Enter the diseases, or of shock, or heart feliure.	complications that caused the de List only one cause on each line	ath. Do	not anter the	mode of dying, su	ch as ca	rdiac or reapi	ratory an	rest,	Approximate Interval Between	
	IMMEDIATE CAUSE (Finel disease or condition	À	4		1	•				Onset and Death	
1	resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF):								4 acys.		
z	Recurrent cerebral thromberes									2 yrs.	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING										
윤	CAUSE (Disease or Injury that Initiated events	C. OUE TO (OR AS A CONSEC	DUENCE O	₹):							
E	resulting in death) LAST	d									
	PART II. Other algnificent condition	s contributing to death but not r	reaulting	In the under	ving ceuse given i	n Part I.	24e. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS	
8					, g		PERFOR	MED?		AMILABLE PRIOR TO COMPLETION OF CAUSE	
							1 TYES 2	NO	ŀ	OF DEATH?	
2											
A	25. WAS CASE REFERRED TO MEDICAL			2	. PLACE OF DEATH (C	Check only	one)				
Sic	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	DOA	OTHER:	Home 5 - Residence	6 🗆 Ot	her (Specify)				
PHYSICIAN: MEDICAL	27. MANNER OF OEATN 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIR	JURY	INJURY AT WORK?	28d. D	ESCRIBE NOW I	NJURY OC	CURED		
BY	2 Accident Investigation	28e. PLACE OF INJURY — At ho	ome, farm,			28f. LC	CATION (Street o	and Numbe	r or Rural f	Soute Number.	
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify)				Ci	ty or Town, State)				
PE		ICIAN: To the best of my knowledge, de	ath occur	red at the time,	date end place, and de	un to the o	cause(s) and mar	nner se sta	ited.		
Ö	one) 2 MEDICAL EXAMINE	ER: On the basis of examination end/or	investigati	on, in my opinio	n, death occured at the	he time, de	ite and place, en	d dua to ti	he cause(e	e) end manner as stated.	
BEC	296. SIGNATURE AND TITLE OF CERTIFIER	R MI)			290. LICENSE N			29d, DAT	TE SIGNED	(Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WH		M 27) (Type	e, Print)	0 1		, .	. ,	1	10	
		green Hovel	7	eveny	Park	1hy	1 21	146) L		
	JUL 26 1990 Julia	22. REGISTAR'S SIGNATURE					4				



	FOR STATE REGISTRAR	STATE OF MARYL			OF HEALTH AND	MENTAL HYGIEI					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	DAY Y	EAR 3.	TIME OF DEATH		
	THOMAS	J. Hok.	LOMA	N		7-2	2 - 4	0	7 5- PM		
1	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2/28/24		Country)	CE (State or Foreign		
	238-22-3272 9s. FACILITY NAME (If not institution, give str		6 YRS.	AL OTTY T	OWN OR LOCATION OF D				., S.C.		
~	Holy Cross Hospita				er Spring	EAIR	Montgomery				
DIRECTOR	RESIDENCE OF DECEDENT			1 2114	er Spring		Monteg	omery	/		
E)	10e. STATE 10b. COUNTY		A	TY, TOWN OR		10d. INSIDE CITY LIMITS?					
٥	N/A N/A		Was	Washington, D.C.				1)∑XYES 2 ☐ NO			
FUNERAL	1614 Fort Davis Pl	lace S F			20020		U.S		COUNTRY?		
N N	11. MARITAL STATUS	IN U.S. ARMED	13. W/	S DECENDENT OF HISPA	NIC ORIGIN? (Specity Y			Americen Indien, hite, atc.			
F	1 Never Married 2 Merried	FORCES? 1 X YES	2 NO		res, specify Cuben, Mexico YES 2 X NO Specif			Specify:			
BY	3 Widowed 4 Divorced	3/15/43 - 1						Bla	.ck		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	completed)	16e. DECEDENT' (Give kind of	work done du	UPATION ring most of working	16b, KIND OF B	USINESS/INDUS	TRY			
퓝	Elemantary/Secondery (0-12)	College (1-4 or 5+)			ntenance Te	ch. F.	A.A.				
OM	17. FATHER'S NAME (First, Middle, Last)			e man		ME (First, Middle, Maide					
BE C	Benjamin J. Hollon	nan			Lovie W	Jarren					
0 B	19e. INFORMANT'S NAME (Type/Print)		312000-111111		Street and Number or Rural		wn, State, Zip C	ode)			
٦	Dorothy Holloman				Davis Pl, S			, D.C. 20020			
	20a, METHOD OF DISPOSITION 1 A Buriel 2 Cremation 3 Ramo	oval from State	other place)		of cemetery, crematory or		OCATION — CH				
	4 Donetion 5 Other (Specify)		t. Linec		morial Park		entwood	1, MU			
	- H 10-	1.11:	#881	Rol	pert G. Mas	on Funera					
-4	22 PART I. Enter the diseases; or-e	Houses			61 Good Hop						
	shock, or heart failure. I			not enter ti	ie mode of dying, suc	en as cerdiac of res	piratory erres	FL,	Approximata Interval Between Onset and Death		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) PULMONARY ENBOLISM DUE TO (OR AS A CONSEQUENCE OF):								24 hrs		
1	resulting in death)	A CONSEQUENCE	OF):	M				27/11/3			
z		. TotAL	HIP RE	PLACEN	HENT				4 DAYS		
일	Sequentially list conditions, if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):										
5	CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE	ne.							
CERTIFICATION	that initiated events resulting in deeth) LAST	2.52 13 (4.01.02									
¥	PART II. Other significent condition	s contributing to death	but not reauiting	In the und	arlying cause given in		N AUTOPSY ORMED?	AM	RE AUTOPSY FINDINGS AILABLE PRIOR TO		
ă					·	1 🗆 YES	2 NO	OF	DEATH?		
Σ						—		1	YES 2 NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (C	heck only one)					
SIC	EXAMINER? 1 YES 2X NO	HOSPITAL:	tpatient 3 DOA	OTHER:	ng Nome 6 🗔 Residence	6 Other (Specify)					
	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)		ME OF 2	8c. INJURY AT WORK?	26d. DESCRIBE NOV	INJURY OCCU	RED			
BY	1 Natural 6 Pending 2 Accident Investigation			М	1 YES 2 NO						
- 1	3 Suicide 6 Could not ba	26s. PLACE OF INJUR building, atc. (Sp		, street, factor	y, office	281. LOCATION (Stree City or Town, Sta		r Rural Rout	e Number,		
4	29e. CERTIFIER			_							
COMPLETED	(Check only	CIAN: To the best of my kno							nd manner as eleted		
8	29b, SIGNATURE AND TITLE OF CERTIFIER		on one of myserge		29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)						
BE		apir no			D353			7/22/			
2	30. NAME AND ADDRESS OF PERSON WH		DEATN (ITEM 27) (7)	oe, Print)	2533		1	1	10		
	DEENA L. SHAPIRO,	, M.D., 1081	O CONNEC	TICUT	AVENUE,	KENS	INGTON	MD.	20895		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE								
	JUL 27 '90	le Kil S									

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CENTIFIC	AIE	OF DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)			10.00			2. DAT	TE OF DEATH			3. TIME OF OEATH
ALBERT	H	UTCHIN	ISON			MON	LY 22		EAR O ()	11:21 pm
4. SOCIAL SECURITY NUMBER	5. SEX			F UNDER 1 YEA			E OF BIRTH		-	LACE (State or Foreign
4. SOCIAL SECURITY NUMBER		B. AGE (In yr		ONTHE DAT		(Mo	inth, Day, Year)		Country)	
206-18-5970	1√XM 2 □ F	64	YRS.			12	2/22/25		Pitt	tsburg,PA
9e. FACILITY NAME (If not institution, give st	reet and number)		9	b. CITY, TOV	WN OR LOCATION OF	OEATH		9c. COUNTY	OF OEA	ATH
	. 1 0			Comp	Springs,	Mars	rland	Prin	ce (George's
Malcoln Grove Med	ical Cen	ter		Camp	Shrrings,	rial y	Tand	1 1 1 1 1	-	,0028-
RESIDENCE OF DECEDENT			T							
10s. STATE 10b. COUNTY			10c. CITY,	TOWN OR LO	DCATION				1	10d. INSIDE CITY LIMITS?
DC			Wash	ingto	on				1	1 TY YES 2 NO
10e. STREET AND NUMBER					10f, ZIP CODE			10g, CITIZE	N OF WN	IAT COUNTRY?
					20019			** 0		
322 Eastern Ave.					20019			U.S		
11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S	S. ARMED	13. WAS	OECENOENT OF HISI s, specify Cuban, Mex	ANIC ORIG	GIN? (Specify Yes	or No- 14	RACE -	- American Indian, White, etc.
1 Never Married 2 Merried	IF YES, GIVE V				YES 2 ND Spe		io riican, vic.)			
3 Widowed 4 Divorced				1	700				BI	ack
16. DECEDENT'S EDUC	CATION	16	a. DECEDENT'S U	RUAL OCCUI	PATION	1	6b. KINO OF BUS	INESS/INDIES	TRV	
(Specify only highest grade			(Give kind of wo	k done during	g most of working	- 1	out King or bot	MESSAMOS		
Elementary/Secondary (0-12)	College (1-4 or 8	+)	life. Do NOT use	recired.)		- 1				
0-12			Armv				U.S.	Army		
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S	NAME (Firs	t, Middle, Malden	Sumame)		
G1 IIt alaim					1000-0-10					
Clarence Hutchir	ison						e Green			
19e. INFORMANT'S NAME (Type/Print)					reet end Number or Rui		umber, City or Town	n, State, Zip Co	ode)	-
David Hutchinson	١		802 8	3th St	treet #20	1 1	Laurel,	Md. 2	2070	/
20a. METHOD OF DISPOSITION							T 44 14			***
1 ☑ Buriel 2 ☐ Cremation 3 ☐ Remo	oval from State	20b, PL	her place)	ION (Name o	of cemetery, crematory	M	20c. LO	CATION — CH	y or Tow	n, State
4 Donation 8 Other (Specify)	-	_								
21. SIGNATURE FUNERAL SERVICE LIC	ENSEE			22. NAM	E AND ADDRESS OF	FACILITY	_ 1		-	
5/1 0	11.11	1 1 001		Robe	ert G. Ma	son	Funeral	Home.	, In	.C •
Atom Mel to	Wolch	881		166	1 Good Ho	ne R	oad. S.	E. Wa	ash.	,DC 20020
23. PART I. Enter the diseases, or-	1 1 1 1			TOO						
	Amoretions the	of coursed th	ne deeth. Do no		mode of dylan	uch en c	ardiac or respi	retory error	ell.	Approvimete
shock, of heart failure.	empications the	et coused thuse on each	ne death. Do no n line.		mode of dying, a	uch es c	erdlec or respi	ratory srres	st,	Approximete interval Between
shock, D/ heart failure.	empications the List only one cer	et coused thuse on each	ne death. Do no n line.		mode of dying, a	uch es c	erdiec or respi	iratory arres	ıt,	
shock, D/ heart failure. IMMEDIATE CAUSE (Final	List Dniy one cer	use on each	ine.	t enter the		uch es c	erdiec or respi	ratory srres	it,	interval Between
shock, D/ heart failure. IMMEDIATE CAUSE (Final	Cardia	ac Pul	monary	Arres		uch es c	erdiec or respi	ratory srres	ot,	interval Between
shock, D/ heart failure. IMMEDIATE CAUSE (Final	Cardia	ac Pul	monary	Arres		uch es c	erdiec or respi	retory scree	ot,	interval Between
shock, D heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Cardia	ac Pul	monary	Arres		uch es c	erdiec or respi	ratory arres		interval Between
shock, p/heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions,	Cardia DUE TO HEPAT:	ac Pul orasaccic Fai	monary onsequence of: lure onsequence of:	Arres		uch es c	erdiec or respi	ratory srres	ot,	interval Between
shock, D heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Cardia DUE TO HEPAT:	ac Pul orasaccic Fai	monary ONSEQUENCE OF:	Arres		uch es c	erdiec or respi	iratory srres		interval Between
shock, p/heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if smy, leading to immediate ceuse, Enter UNDERLYING CAUSE (Disease or injury	Cardia DUE TO Hepat: OUE TO Alcoho	ac Pul orasaccic Fai orasaccolic H	monary consequence of: llure consequence of: lepatiti	Arres		uch es c	erdiec or respi	ratory srree	et,	interval Between
shock, p/heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Cardia DUE TO Hepat: OUE TO Alcoho	ac Pul orasaccic Fai orasaccolic H	monary onsequence of: llure onsequence of:	Arres		uch es c	erdlec or respi	ratory srree	, t,	interval Between
shock, p/heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if smy, leading to immediate ceuse, Enter UNDERLYING CAUSE (Disease or injury	Cardia DUE TO Hepat: OUE TO Alcoho	ac Pul orasaccic Fai orasaccolic H	monary consequence of: llure consequence of: lepatiti	Arres		uch es c	erdlec or respi	retory arres	st,	interval Between
shock, p/heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	Cardia DUE TO Alcoho DUE TO Alcoho DUE TO	ac Pul ORASACCIC Fai ORASACCOLIC H	monary consequence of: Llure consequence of: Lepatiti consequence of:	Arres	t					Interval Between Onset end Deeth
shock, p/heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Cardia DUE TO Alcoho DUE TO Alcoho DUE TO	ac Pul ORASACCIC Fai ORASACCOLIC H	monary consequence of: Llure consequence of: Lepatiti consequence of:	Arres	t		. 24a. WAS AN	AUTOPSY	24b.	Interval Between Onset end Deeth WERE AUTOPSY FINDINGS
shock, p/heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	Cardia DUE TO Alcoho Cardia DUE TO Alcoho Cardia DUE TO Alcoho Cardia	ac Pul ORASACCIC Fai ORASACCOLIC H	monary consequence of: Llure consequence of: Lepatiti consequence of:	Arres	t		. 24a. WAS AN	AUTOPSY RMED?	24b.	Interval Between Onset end Deeth WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
shock, p/heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions	Cardia DUE TO Alcoho Cardia DUE TO Alcoho Cardia DUE TO Alcoho Cardia	ac Pul ORASACCIC Fai ORASACCOLIC H	monary consequence of: Llure consequence of: Lepatiti consequence of:	Arres	t		. 24a. WAS AN	AUTOPSY RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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shock, p/heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions	Cardia DUE TO Alcoho Cardia DUE TO Alcoho Cardia DUE TO Alcoho Cardia	ac Pul ORASACCIC Fai ORASACCOLIC H	monary consequence of: Llure consequence of: Lepatiti consequence of:	Arres	t		. 24a. WAS AN	AUTOPSY RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
shock, p/heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions	Cardia DUE TO Alcoho Cardia DUE TO Alcoho Cardia DUE TO Alcoho Cardia	ac Pul ORASACCIC Fai ORASACCOLIC H	monary consequence of: Llure consequence of: Lepatiti consequence of:	Arres	t	in Part i.	. 24a. WAS AN PERFOR	AUTOPSY RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
shock, p/heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other significent condition Colon Cance: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Cardia DUE TO Hepat: OUE TO Alcohe DUE TO d. HOSPITAL:	ac Pul O (OR AS A CC O CO CO CO CO CO CO CO CO CO CO CO CO CO	monary DISEQUENCE OF: 11ure DISEQUENCE OF: 1epatiti DISEQUENCE OF: not resulting in	Arres S the under	tying cause given	in Part i.	. 24a, WAS AN PERFOI 1 YES 2	AUTOPSY RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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MEDICAL	PART II Other significant conditions Perspectual Hyperland	contributing to death be	/1	the underlying		Part I. 24a, WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. PL	ACE OF DEATH (Ch	ick only one)				
HYSI		26e. DATE OF INJURY	etlent 3 DOA 4	t ☐ Nursing Hom	o 5 🗆 Residence	8 Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCUP	RED		
	1 Netural 5 Pending 2 Accident Investigation	M 1 TES 2 NO								
	3 Suicide S Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, str	reet, factory, office		28f. LOCATION (Street City or Town, State		Hurai Route Number,		
OMPLE	(Critical Critis)	AN: To the best of my knowl On the basis of examination						ause(a) and manner as stated.		
TO BE C	29b SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	mlr.	トラ		29c. LICENSE NUM D=1994		29d. DATE S	IGNED (Month, Day, Year)		
00	27. MANNER OF DEATH 1 Netural S Pending Investigation 2 Accident Investigation 3 Suicide S Could not be determined 29s. CERTIFIER (Check only One) 2 MEDICAL EXAMINER:	26e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJURY building, etc. (Spec	28b. TIME INJUI	OF 28c. INJR WO 1 U V reet, factory, office	URY AT RICE RES 2 NO and place, and due eath occured at the 29c. LICENSE NUM	28d. DESCRIBE HOW 28f. LOCATION (Street City or Yours, Shale to the cause(a) and mu time, date and place, a	and Number or) anner as stated, and due to the c	Rural Route Number		

Julia Davidson-Pandalle

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Post Office Road Waldorf,

6

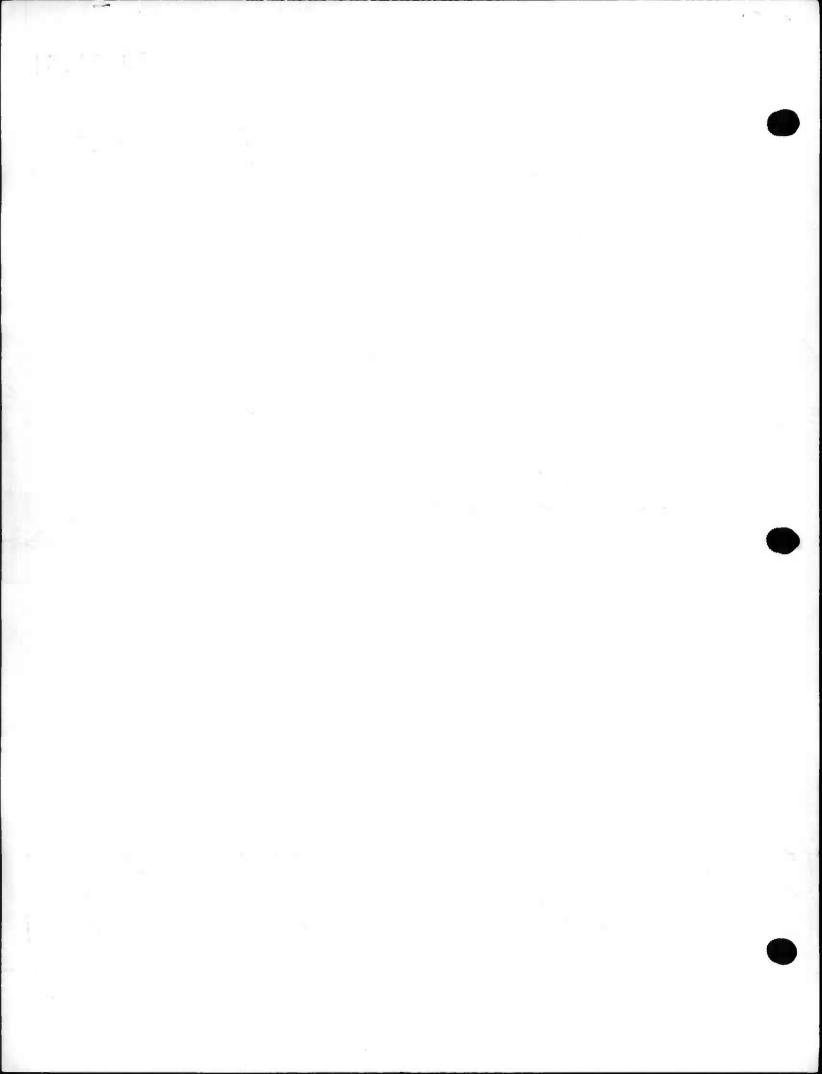
JUL 27 90

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flows after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages has not writing 20 buriar after death with the State Deat of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physical within 29 hours after death with the State Dect. of Health and Mental Higher or	PORTANT: If Item 28 is marked, or Item 23 shows any injury, or other t

31, DATE FILED (Month, Day, JUL 27 '90

									90	21761
	1 - STATE REGISTRAR	STATE OF MARYLAND /		MENT OF H		MENTA	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	M. Harki	ns			2. DATE MONTI	OF DEATH	- 9%	3. T	IME OF OEATH
		5. SEX 6. AGE (In yrs. less		F UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH	-	BIRTHPLAC Country)	E (State or Foreign
	053-36-1583 So. FACILITY NAME (If not institution, give stre	1 D M 2 🖁 F 83	YRS.		OR LOCATION OF		1. 1,	1907	Irel	
TOR	8702 Oxwell Lane	er and number)		Laurel	DA EOCATION OF I	DEATH		Princ		
DIRECTOR	10a. STATE 10b. COUNTY Virginia			rown on Local dericks						INSIDE CITY LIMITS?
ME	10e. STREET AND NUMBER			10			10g. CITIZE	N OF WHAT	COUNTRY?	
FUNERAL	2316 Cowan Blvd.	12. WAS DECEDENT EVER IN U.S. AR	MED		22401 US 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—					merican Indien.
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES 2 XIN		if yes, sp	ecify Cuban, Mexical 2 NO Special	can, Puerto			Specify: White	ite, etc.
TED	15. DECEDENT'S EDUC (Specify only highest grade of	completed) (G	ive kind of wor	BUAL OCCUPATION done during me	ON est of working	168	KIND OF BU	SINESS/INDUS	TRY	
COMPLETED	Elementary/Secondary (0-12)		sekeep		pervisor	: t	Jnion 1	Hospit	al, N	IY
BE CON	17. FATHER'S NAME (First, Middle, Lest) John Manning				16, MOTHER'S A		Middle, Maiden	Surname)		
10 8	190. INFORMANT'S NAME (Type/Print) Michael D. Harkins	5 (19)	613 E1	DDRESS (Street)	orive, E	redei	cicksb	n, State, Zip Co urg, V	A 22	2401
	20a. METHOD OF DISPOSITION 203 Burlal 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	val from Stata other pl	lace)	ION (Name of ce	metery, cremetory o	,		cation — ch tsvlva	L'ALTERNATION	Stata O., VA
	21. SIGNATURE OF FUNERAL SERVICE LICE		2	22. NAME A	ND ADDRESS OF Jeffers	FACILITY				
<	1 Cafalle	Suleaple	losse		ericksbu					
	23. PART J Entar the diseases, or conshock, or heart fellure. LIMMEDIATE CAUSE (Finel disease or condition resulting in death)	lat only one cause on agen line	B.		ode of dyling, su				i	Approximate Interval Between Onset and Death
NO	Sequentially list conditions,	DUE TO (OR AS A CONSE	OUENÇE OF):							
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSE								
ERT	resulting in death) LAST	l.								
PHYSICIAN: MEDICAL C	PART II. Other eignificant conditions	contributing to death but not	reculting in	the underlying	g cause given	in Part I.	24a. WAS AMPERFO	RMED?	AWA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
N.										
SICE	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	2 DOA	OTHER:	ne 5 Masideno					
	27. MANNER OF DEATH 1 Netural 5 Pending	28b. TIME INJU	OF 28c. IN	JURY AT ORK? YES 2 NO	-	SCRIBE HOW	INJURY OCCU	RED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — All he building, etc. (Specify)	ome, farm, str	met, factory, offi	ce		CATION (Street or Town, State		Rural Route	Number,
COMPLETED	(Oraca oray	CIAN: To the best of my knowledge, de R: On the basis of examination and/or								d manner as stated.
BE	296. SMINATURE AND TITLE OF CERTIFIER	yrigms	I		29c LICENSE N	UMBER		29d. DATE:	SIGNED (MO	nth, Day, Year)
5	30 NAME AND ADDRESS OF PERSON WHI	CAUSE OF DEATH (ITE	FM 27) (Type /	Drint)		00		- //	-	1

DHMH-16 Rev 1/89



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	OHAIL OF HIME		ICATE OF	DEATH	MENTA	REG. NO.	-		
1. DECEDENT'S HAME (First, Middle, Last)						OF DEATH			3. TIME OF DEATH
REV. CLIFTON		F	HOPE		MONTE.	17,		YEAR	9:30 p
4. SOCIAL SECURITY NUMBER	5. SEX 6. A	AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	. , , , ,	8. BIRTHI	PLACE (State or Foreign
226-32-4863	1 M 2 🗆 F	73 YRS.	MONTHS DAYS	HOURS MIN.	JUNE	h, Day, Year)	917	Country	YLAND
9e. FACILITY HAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF	DEATH		9c, COU	NTY OF DE	ATH
RT 2, BOX 161 PINEWOOD FARM SNOW HILL WORCES									STER
10a. STATE 10b. COUN	гү	10c, CIT	Y, TOWN OR LOC	ATION					10d. IHSIDE CITY
MARYLAND WOR		SNOW HII	L					LIMITS?	
10e. STREET AND HUMBER		1	Ot, ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?	
RT2 , BOX 161, P	INEWOOD FAR	MS		21863				US.	A
11. MARITAL STATUS 1 Hever Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1	YES 2 XHO	If yes, a	ECENDEHT OF HISPA appecify Cuban, Mexic ES 2 X NO Spec		or Ho—	14. RACE Black Specifi	— American Indian, White, etc.	
15. DECEDENT'S ED	UCATION		USUAL OCCUPAT		16b	. KIHD OF BUS	SINESS/INE	DUSTRY	WILLE
(Specify only highest gred Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT u	work done during n ise retired.)	nost or working					
11 YEARS	5 +	MINIST	ER/EDUCA	TOR		CHURCH	H/ SC	HOOL	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S H		Middle, Malden	Surname)		
DR. JAMES	н.	HOPE		ELEANC	R	UNK	RA	DCLI	FFE
19e. IHFORMAHT'S HAME (Type/Print)				and Number or Rura					
GARY HOPE-SON	701 /00			BRIDGE R					30202
1 X Buriel 2 Cremetion 3 Res	/21/90 novel from State	other place) SPRINGHII	SITIOH (Name of a	emetery, cremetory or	*			City or To	
4 Donetion 5 Other (Specify) 21. SIGHATURE OF FUNERAL SERVICE L	CENNER	SPRINGHII			TACH ITY			EE,	עוא
· Auton.	Delows	act		AHD ADDRESS OF P WAY FUNE SNOW HILL				MD	21801
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO (OR	AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A C	or: tw Ge	ulivaiei	ulas)	Dies.	W.		
	d							_	
PART II. Other significent condition	ne contributing to dee	eth but not resulting	In the underlyl	ng cause given i	n Part I.	24a. WAS AH PERFOR 1 TYES 2	MED?	24b.	WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 HO
25. WAS CASE REFERRED TO MEDICAL	1		26	PLACE OF DEATH (Observant and				
EXAMINER? 1 YES 2 HO	HOSPITAL:	Mouteniles a Class	OTHER:						
27. MANNER OF DEATH	1 Inpatient 2 ER			NJURY AT	7	SCRIBE HOW I	N.H.IRY OC	CHRED	
1 Natural 5 Pending investigation	(Month, Day, Y		JURY	YES 2 NO	200. 52.	ONIDE HOW	NOON1 OC	CONED	
3 Suicide 5 Could not be 4 Homicide determined	28e. PLACE OF IH. building, etc.	JURY — At home, farm, (Specify)	street, factory, of	Nee		CATION (Street or Town, State)		r or Rural R	loute Number,
Torrock only	SICIAN: To the best of my								and manner as stated
29b. SIGNATURE AND TURE OF CERTIFI	ER /			29c. LICEHSE N	UMBER		29d. DAT	E SIGNED	(Month, Day, Year)
(1)	11 0	edul M	19		1969	7	•	2/1	2/67
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	TOLATH (ITEM 27) (Typ	e, Print)	100	1107			1//	170
17	D, PINE BLU			MD 218	01				
31. DATE FILED (Month, Day, Short)			,	2.0	-				
11 75 90	32. REGISTRAB'S	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	A.						



IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	-	STATE REGISTR	Α
	1. D	ECEDENT'S	N

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Lest)		CERTIF			1				
					2. DATE OF	DEATH DAY	MEAN	3. TIME OF DEATH	
MARTHA	JANE	HAYWAI	RD		JULY	20,1990	YEAR	8:30	
4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER I YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH		HPLACE (State or Foreign	
213-22-5401	1 M 2 XXF	77 YRS.	MONTHS DAYS	HOURS MIN.	AUG . 2	20, 1912	MAR	YLAND	
9e. FACILITY NAME (If not institution, give	street and number)		96. CITY, TOWN	OR LOCATION OF D			UNTY OF E	DEATH	
DEER PARK DRIVE			BERL	IN		WORCESTER			
RESIDENCE OF DECEDENT			RODO	TDK .					
10e. STATE 10b. COUNT		10c. CIT	Y, TOWN OR LOC	ATION				10d. INSIDE CITY LIMITS?	
	VICOMICO		QUANTICO					1 TYES 2 X NO	
10e. STREET AND NUMBER		1		10g. CI	TIZEN OF	WHAT COUNTRY?			
BOX 309, RT 1				21856			US.	A	
11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2X NO	If yee, s	CENDENT OF HISPA pecify Cuben, Mexic S 2 XNO Speci	en, Puerto Rica		14. RAC Blac Spec	E — American Indien, ck, White, etc.	
3 X Widowed 4 Divorced			1	S I KNO Speci	'y		Spec	WHITE	
15. DECEDENT'S EDU		16a. DECEDENT'S	USUAL OCCUPAT	ION	16b. KI	ND OF BUSINESS/IN	DUSTRY	***************************************	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT us	work done during n se retired.)	tost of working					
3 YEARS	NO	HOUSE	WIFE			HOM	E		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Mide	tle, Melden Surname)			
WILLIAM	UNK	WATSON		GRACE	I	NK	WHIT	R	
19e. INFORMANT'S NAME (Type/Print)			AODRESS (Street	and Number or Rural					
RUTH COX- SISTER		BOX 78	8, TYASI	KIN. MD	21865				
20a, METHOD OF DISPOSITION 7/ 1 X Burlel 2 Cremation 3 Rem	24/90 2	10b. PLACE OF DISPOS	SITION (Name of c	emetery, cremetory or	21005	20c. LOCATION -	- City or T	own, State	
1 X Buriel 2 ☐ Cremation 3 ☐ Ren 4 ☐ Donation 6 ☐ Other (Specify	noval from State	COMICO I	MEMORIAI	PARK		SALISB			
21. SIGNATURE OF FEMERAL SERVICEAL	iceyiyes / /		22. NAME	AND ADDRESS OF F	ACILITY		,		
. 1. 1/v	0 -11	00	HOLI	LOWAY FUN	ERAL H	OME . PA			
IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING									
CAUSE (Disease or injury									
that initiated evente resulting in death) LAST	d								
that initiated evente	d	but not resulting	in the underlyi	ng ceuse given ir	Part I. 2	Ia. WAS AN AUTOPS	Y 24	b. WERE AUTOPSY FINDIN	
that initiated evente resulting in death) LAST	d	but not resulting	in the underlyl	ng ceuse given ir		PERFORMED?	Y 24	b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION DF CAUS OF DEATH? 1 YES 2 NO	
PART II. Other significant condition	dne contributing to death	but not resulting			_ '	PERFORMED?	Y 24	AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (C	heck only one)	PERFORMED?	Y 24	AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	utpetient 3 DOA	26. OTHER: 4 \(\text{Nursing Ho} \)	PLACE OF DEATH (C	heck only one) 6 Other (S	PERFORMED? YES 2 NO NO		AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATH Netural 6 Pending	HOSPITAL: 1 Inpatient 2 ER/O 20a. DATE OF INJUR (Month, Day, Year	utpatient 3 DOA	26. OTHER: 4 Nursing Ho	PLACE OF DEATH (C	heck only one) 6 Other (S	PERFORMED?		AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetion 2 ER/O 26a. DATE OF INJUR (Month, Day, Year	utpatient 3 DOA Y 26b, Till IN.	OTHER: 4 Nursing Ho RE OF 26c, N JURY 1	PLACE OF DEATH (C	heck only one) 6 □ Other (S 28d, DESCF	PERFORMED? YES 2 NO NO	CCURED	AMALABLE PRIOR TO COMPLETION DF CAUS OF DEATH? 1 YES 2 NO	
that initiated evente reaulting in death) LAST PART II. Other significant condition 25. Was Case Referred to Medical Examiner, 1 Yes No 27. Manner Of Death Netural 6 Pending Investigation 3 Suicide e Could not be determined 29e. CERTIFIER Check only	HOSPITAL: 1 Inpatient 2 I ER/O 20a. DATE OF INJUR (Month, Day, Year 20a. PLACE OF INJUR	utpatient 3 DOA (Y 26b, TiM (Y) IN. (IRY — At home, farm, pool(y) owledge, death occurr	OTHER: 4 Nursing Ho RE OF JURY M 1 street, factory, off	PLACE OF DEATH (C) THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF	6 Other (S 28d, DESCF City or	PERFORMED? YES 2 NO Specify) ON (Street and Numb flown, State)	CCURED or Rural	AMALABLE PRIOR TO COMPLETION DF CAUS OF DEATH? 1 YES 2 NO Route Number,	
that initiated evente resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 ER/O 26a. DATE OF INJUR (Month, Day, Year 26a. PLACE OF INJU building, etc. (S) SICIAN: To the best of my kn	utpatient 3 DOA (Y 26b, TiM (Y) IN. (IRY — At home, farm, pool(y) owledge, death occurr	OTHER: 4 Nursing Ho RE OF JURY M 1 street, factory, off	PLACE OF DEATH (C	6 Other (S 28d. DESCF 28f. LOCATI City or e to the cause e time, date en	PERFORMED? YES 2 NO Specify) NIBE HOW INJURY O ON (Street and Numb flown, State)	ccured or Rural tated.	AMALABLE PRIOR TO COMPLETION DF CAUS OF DEATH? 1 YES 2 NO Route Number,	
that initiated evente resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 ER/O 26a. DATE OF INJUR (Month, Day, Year 26a. PLACE OF INJU building, etc. (S) SICIAN: To the best of my kn	utpatient 3 DOA (Y 26b, TiM (Y) IN. (IRY — At home, farm, pool(y) owledge, death occurr	OTHER: 4 Nursing Ho RE OF JURY M 1 street, factory, off	PLACE OF DEATH (C	6 Other (S 28d. DESCF 28f. LOCATI City or e to the cause e time, date en	PERFORMED? YES 2 NO Specify) NIBE HOW INJURY O ON (Street and Numb flown, State)	ccured or Rural tated.	AMALABLE PRIOR TO COMPLETION DF CAUS OF DEATH? 1 YES 2 NO Route Number,	
that Initiated evente resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 ER/O 26a. DATE OF INJUR (Month, Day, Year 26a. PLACE OF INJU building, etc. (S) SICIAN: To the best of my kn	utpatient 3 DOA TY 26b, TIM PY At home, farm, pool/y) Owledge, death occurrition end/or investigate	OTHER: 4 Nursing Ho RE OF JURY M 1 Street, factory, off	PLACE OF DEATH (C	heck only one) 6 Other (S 28d. DESCR 28t. LOCATI City or e to the cause e time, date en	PERFORMED? YES 2 NO ON (Street and Numb lown, State) On (and manner as at d place, end due to	ccured or Rural tated.	AMALABLE PRIOR TO COMPLETION DF CAUS OF DEATH? 1 YES 2 NO Route Number. (a) and menner se stated ((Month, Day, Year)	



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF			GIENE G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)		1			2. DATE OF OE		YEAR	3. TIME OF DEATH	
ľ	ELDRIDGE	R. Hu	BBARD			JULY	16,159	y o	0638 M	
	4. SOCIAL SECURITY NUMBER		'in yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day,	Year)	Counti		
	2/7 - 10 · 8/86 9a. FACILITY NAME (If not institution, give si	1 KM 2 G F 8	Q YRS.				12/30/1909 Md.			
~		-			OR LOCATION OF DE	ATH				
6	Peninsula General			Salis	bury			Wicom	100	
DIRECTOR	10a. STATE 10b. COUNTY			ry, town on Loc. Delmar	ATION				10d. INSIDE CITY LIMITS?	
0	Md. Wic	comico			Of, ZIP CODE		100	CITIZEN OF I	1 TYES 2 TO NO	
FUNERAL	Rt. 13 P.O. Box	۲8		,	21875		log.	USA	WHAT COOKINT?	
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IF	N U.S. ARMED		CENDENT OF HISPAN			- 14. RACI	E — American Indien,	
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YES			pecify Cuban, Mexica S 2 NO Specify		etc.)	Spec		
	15. DECEDENT'S EDU	War II	46- DECEDENTS	USUAL OCCUPAT	304	T and MAND	OF BUSINESS/	MAIN IOTEN	White	
	(Specify only highest grade Elementary/Secondary (0-12)			work done during n		TOU. KIND	OF BUSINESS/	INDUSTRI		
7	7	Conege (P4 or 54)	Elect	rician		Con	tracto	rs		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA			•		
BE (William T. Hubb	pard				n Reed				
2	19a. INFORMANT'S NAME (Typo/Print) Lillian C. Hubban	rd			Delmar, I			Zip Code)		
					emetery, crematory or		20c. LOCATION	- City or To	own. State	
	20a, METHOO OF DISPOSITION 1 N Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	cther place)				Salisb		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE //			AND ADDRESS OF FA		Tme			
	Milliam	W. Skor	H		Funeral Box 204 1			9940		
	23. PART i. Enter the diseases, or o	complications that cause List only one cause on e	the death. Do						Approximata	
	IMMEDIATE CAUSE (Final	Clast only one cause on e	necri inte.						Interval Between Onset and Death	
	disease or condition resulting in death)	· Maper	attry (1	y arest					Miss	
		DUE TO OR AS	CONSEQUENCE (EQUENCE OF):						
ON I	Sequentially list conditions,	DUE TO (OR AS /	CONSEQUENCE	MUL ISEQUENCE OF):					WEEKS	
CERTIFICATION	if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	Canner	Prosta	to					MTHS	
E	thet initiated events	DUE TO (OR AS A	CONSEQUENCE (OF):						
5	residuing in deadi) Exst	d	-							
CALC	PART II. Other significant condition	s contributing to death b	out not resulting	in the underly	ng cause given in	Part I. 24s.	WAS AN AUTOP PERFORMED?	SY 24t	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
							YES 2 NO	,	COMPLETION OF CAUSE OF DEATH?	
ME									1 - YES 2 - NO	
AN	25. WAS CASE REFERRED TO MEDICAL	Ţ	<u></u>		PLACE OF OEATH (Ch					
PHYSICIAN: MEDI	EXAMINER?	HOSPITAL:	nation 3 [] DOA	OTHER:	me 5 Residence	,,	c(fs.t)			
H	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TF	ME OF 28c, II	JURY AT		E HOW INJURY	OCCUREO		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)			YORK?					
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spe		street, factory, of	Ice	28f. LOCATION City or Tow	(Street and Num	nber or Rural	Route Number,	
EE	4 Homicide detarmined									
COMPLETED	(Crieck only	ICIAN: To the best of my know ER: On the basis of examination	- A-III-BI CLUB III			The second			a) and menner as stated.	
S	29b. SIGNATURE AND TITLE OF CERTIFIE	R . /			29c. LICENSE NUI	MBER	29d.	DATE SIGNE	D (Month, Day, Year)	
) BE	Shul	a M. amo			W331	1	•	7/1	5/96	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Typ	e, Print)		O 0				
	31. DATE FILED (Month, Day, Year)	Dr. Doneld 1	Vood - G	Duing 7	-Yocast	·Jal.	Md.2	1801		
6	pri 1 Q 'QA	Julia David								
	7 30	Under Street		port		· · · · ·			DHMH-16 Rev 1/89	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mover after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Page 6 filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
REGISTRAR	CERTIFICATE OF DEATH	REG. NO

	1 - STATE REGISTRAR	SIAIE UF R					DEATH) ME	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2.	DATE OF DEATH			3. TIME OF DEATH
	Margie A. Hollow	ay							07/13/S	0	YEAR	7:45 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER		IF UNDER 24 HRS	3. 7.	DATE OF BIRTH		8. BIRTHI Country	PLACE (State or Foreign
	217-30-8411A	1 🗆 M 2 💢 F	86	YRS.	MONTHS	DAYS	HOURS MIN		(Month, Pay, Year) /()4		RYLAND
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN O	R LOCATION OF	_			NTY OF DE	ATH
8	Deer's Head Center				Sal	isbu	iry, Md		21801	Wi	comi c	0
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	rv		I son CIT	Y. TOWN O	D LOCAT	ION					10d. INSIDE CITY
DIRECTOR		OMICO		100.01			BURG					LIMITS?
	10e. STREET AND NUMBER	011100			IMI		ZIP CODE			10a, CIT	IZEN OF W	HAT COUNTRY?
NA I	MT. HERMON RD, RT 350					""	2.1	849			USA	
۳ ا	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.AF	ARMED 13. WAS DECENDENT OF HISPANIC				ORIGIN? (Specify Yee	or No-	14. BACE	- American Indian,	
BY FUNERAL	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE V	YES 2 X	NO	If yes, specify Cuban, Maxican, Puerto Rican, a 1 ☐ YES 2 ☑ NO Specify:						Black Specif	, White, etc.
	3 Wildowed 4 Divorced											WHITE
COMPLETED	15. DECEDENT'S ED (Specify only highest grad		(G		work done		N st of working		18b. KIND OF BUS	INESS/IN	DUSTRY	
ا ت	Elementary/Secondary (0-12)	College (1-4 or 5 - 3YEARS	F)		TERE!	D MI	DCE		MILID	SINC	,	
	12 YEARS 17. FATHER'S NAME (First, Middle, Last)	SIEAKS		VEG 13	JE KE	ט אט		MAME	(First, Middle, Maiden		3	
	JOSHUA	S.	ADKIN	S			SALL		ANN		F	REENEY
H	19a. INFORMANT'S NAME (Type/Print)	0.			3 ADDRESS	(Street a			le Number, City or Town			
2	LOUIS N. HOLLOWA	Y. SR-HUS	BAND I	MT. H	IE RMO	N RD	, BOX	350	, PARSONS	BURG	, MD	21849
	20a. METHOD OF DISPOSITION 7/	18/90	20b. PLACE	OF DISPO	SITION (Na	me of cen	netery, crematory				- City or To	
	1X Buriel 2 Cremation 3 Red 4 Donation 5 Other (Specify)	movel from State	WICO	TCO	MEMO	RIAL	PARK		SAL	ISBU	JRY, I	MD 21801
	21. SIGNATURE OF FUNERAL SERVICE Y	CENSEE			22. Li	NAME AN	D ADDRESS OF	FACILI NE D	AL HOME,) A		
	1100011	11,00	7_	-					RD, SALIS		y MD	21801
	23. PART I. Enter the diseases, or	complications the	eused tha da	eath. Do								Approximate
	shock, or heart fallure	. List only on	ne on each iln	a.								Interval Batween Onset and Daath
	disease or condition resulting in death)	. Se	pticemi	a								Days
	resulting in death)	OUE TO	(OR AS A CONSE	OUENCE C	OF):							Days
Z	Sequentielly list conditions,		ge Rena									
CERTIFICATION	if eny, leeding to immediate		(OR AS A CONSE									1
걸	CAUSE (Disease or Injury	e Periph	(OR AS A CONSE			SUTT	1 C1 enc	y		-		
	that initiated events resulting in death) LAST		•		•	ted	Rt. Lo	wer	Extremit	ty		Sev. Days
AL.	PART II. Other significant condition	ons contributing to	death but not	resulting	in the un	derlyln	ceuse given	in Pa	rt I. 24a, WAS AN PERFOR		246.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDICAL									1 YES 2	NO NO		OF DEATH?
¥									_			1 TES 2 NO
ÿ												
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	R:	ACE OF DEATH					
ΙXS	1 TYES 2 XNO	1 Appetient 2		3 DOA	_	alng Hom 28c. INJ		-	Other (Specify) Bd. OESCRIBE HOW II	M H H M A	COLIBED	
	Natural 5 Pending	(Month, L	Day, Year)		JURY M		RK?	- 17	BU. DESCRIBE NOW II	NJOHT O	CCORED	
B	2 Accident Investigation 3 Suicide & Could not be	28e, PLACE (OF INJURY — At b	ome, farm,	street, fact			\rightarrow	Bt, LOCATION (Street a	and Numb	er or Rural F	Route Number,
밀	4 Homicide 6 Could not b	building.	etc. (Specify)						City or Town, State)			
LE	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best o	f my knowledge, d	eath occur	red at the t	Ime date	and place, and	due to	the cause(a) and mar	mer en st	stad.	
COMPLETED	(Orlock Only	C - Little - Soliter - Carlo) and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIF			117		4-1-5	29c, LICENSE		200000000000000000000000000000000000000			(Month, Day, Year)
B	Vugunt	500 m	- h	1-D.			D339			•	211	3 190
2	30. NAME AND ADDRESS OF PERSON V	/HO COMPLETED CAL	ISE OF DEATH (ITI	EM 27) (Typ	e, Print)		4777	9)			- 11	, , , ,
	Dr. Virginia Sla	e- Slacu	m M.D.		Deer	1s	lead Ce	nte	r Salis	bur	y. Md	. 21801
n	31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE									
V	.111 1 8 '90	Sieria L	avidran B	mole PC								

DHMH-18 Rev 1/89

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TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defacthed for use as the burial-transit the filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certific	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending plan filed within 72 hours after death with the State Dept. of Health and Mental Hygiene	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	0F	MARYLAND	/ DEPARTMENT	OF I	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	OF	DEAT	H		REG. NO.

REGISTRAR		CENTIFIC	CATE OF	DEATH	P	IEG. NO.		
	MAE HENN				2. DATE OF	7 11 ^{DAY} 199	OYEAR	3. TIME OF DEATH 1:46 PM
	5. SEX 6. AGE		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I	ынтн 1937 2 9, 1937	8. BIRT	HPLACE (State or Foreign
3222 Ramblewood Ro	•	•		OR LOCATION OF DI			OWA1	-
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland	Howard		town or loca					10d. INSIDE CITY LIMITS? 1 YES 2 NO
3222 Ramblewood	Road		10	f. ZIP CODE 21043			U.S	WHAT COUNTRY?
1. MARITAL STATUS Never Married 2 Merried Never Married 2 Never Merried	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 100	If yes, s	CENDENT OF HISPAI becity Cuban, Maxica 3 2 NO Specif	in, Puerto Rica		14. RAC Blac Spec	E — American Indian, ik, White, atc.
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)			SUAL OCCUPATION And American Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company	ON ost of working	16b. KII	ND OF BUSINESS/INC	DUSTRY	
James A Gary					ME (First, Midd	le, Maiden Surname) Dade		
99. INFORMANT'S NAME (Type/Print) John J Henn						City or Town, State, Zip		13
Age. METHOD OF DISPOSITION La Burlai 2 Cremation 3 Remote La Donation 6 Other (Specify)	val from State	other place) La	Non (Name of ca	metery, crematory or		20c. LOCATION — City or Town, State Carroll County Md,		
SIGNATURE OF FUNERAL SERVICE LICE	ENSEE					neral Hom		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):		Poven	n DMC	4		Smorth
PART II. Other significent conditions	contributing to death	but not resulting in	tha underlyli	ng ceuse given in		a. WAS AN AUTOPSY PERFORMED? YES 2 NO	24	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inputient 2 ER/Ou	tpatient 3 DOA	OTHER:	me 6 Residence		nec/h/)		,
P. MANNER OF DEATH Netural 6 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN	JURY AT ORK? YES 2 NO		IBE HOW INJURY OC	CURED	
2 Accident 3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Sp	RY — At home, ferm, streetly)	reet, factory, off	ce	26f. LOCATH	ON (Street and Numbel lown, State)	or or Aurai	Route Number,
CONSCR ONLY	CIAN: To the best of my kno							(a) and manner as stated.
POD. SIGNATURE AND TITLE OF CENTRIER ON NAME AND ADDRESS OF PERSON WHO	inly	HAD DEATH (ITEM 27 COM)	Print)	29c. LICENSE NU	MBER S	Z 29d. DA	TE SIGNE	O (Month, Day, Year)
11. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S	7 700 PATURE .) lan	Som A	of (S	OB, Y.	MD	21229

The state of the part of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the st

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1	-	STATE
		AEGIOTAAN

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- REGISTRAR		CERTIFICAT	E OF DEA	TH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) MYRTLE C	HOLT			2.	DATE OF DEATH DAY	- 90 YEAR	3. TIME OF DEATH
354-12-5997	S. SEX 8. AGE (in yrs.	YRS. MONTHS	DAYS HOURS	MIN.	DATE OF BIRTH (Month, Day, Year)	L L	LINDIS
9a. FACILITY NAME (If not institution, give street HOWARD COUNTRESIDENCE OF DECEDENT	TY GENER		OLUMBI		Н	HOW H	
	ARD	COLU	IMBIA				10d. INSIDE CITY LIMITS? 1 YES 2 XNO
10e. STREET AND NUMBER			10f. ZIP COE				WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN U.S., FORCES? 1 YES 2 I IF YES, GIVE WAR OR DATES	ABMED 1:	If yes, specify Cub	an, Mexican, P	ORIGIN? (Specity Yes Puarto Rican, etc.)	or No— 14. RAC Blac Spec	E — American Indian, ik, White, atc.
(Specify only highest grade co	TION 16s. College (1-4 or 5+)	DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired Houses	during most of work	ing	16b. KIND OF BUS	INESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last) THOMAS A. E	DWARDS	Nouse	[/ 18. MOT	THER'S NAME	(First, Middle, Malden S		
19a. INFORMANT'S NAME (Type/Print) CAROLUN DONN			SS (Street and Number	or or Rural Rout	te Number, City or Town	, State, Zip Code)	i TY MD2104
20a. METHOD OF DISPOSITION 1	r von sping	ETRO			CA	TONSYIL	own, stata LE MD
21. SIGNATURE OF FUNERAL SERVICE LICEN			NAME AND ADDR	MBIR	ITY		
IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CON DUE TO (OR AS A CON	SEQUENCE OF):	hear	fa	nhn		Onset and Deat
PART II. Other significent conditions Presented to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to College to Coll	his	et resulting in the	inderlying cause	given in Pa	rt I. 24s. WAS AN PERFORI	MED?	b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
	HOSPITAL:	3 □ DOA A □ N	26. PLACE OF ER: ursing Home 5 🗆 F		The State of the Land		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2	20	6d. DESCRIBE HOW IN	NJURY OCCURED	
3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY — At building, atc. (Specify)	home, farm, street, fr	ictory, office	20	81. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,
anal	AN: To the best of my knowledge, On the basis of examination and						(a) and menner as stated.
29b. MOMATURE AND TITLE OF CERTIFIER		(NE	min	D37	er 0 (3	29d. DATE SIGNE	D (Moeth, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	Suite 205	,	cour MB,	AI	MO 210	ent of	4
31. DATE FILED (Month, JUL 1 8 '90	32. REGISTRANS SIGNATUR	idson-Aande	82		18/19/19	,	

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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		FOR STATE REGISTRAR	STATE OF M				HEALTH AND I	MENTAL HYGIEN REG. NO			
	i	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	14		IME OF DEATH
1		Marcelle Lo	bit Hal	llman				07	9	50	M
		4. SOCIAL SECURITY NUMBER	5. SEX 1	8. AGE (In yrs. les	t birthday) YRS.	IF UNDER 1 YEA MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) 0709 18		BIRTHPLAC Country) N . Y	CE (State or Foreign
		9e. FACILITY NAME (If not institution, give st	treet and number)			9b. CITY, TOW	N OR LOCATION OF DE		9c. COUNTY		
DIDECTOR	HO.	3775 Bonny Bi	ridge Pl	Lace		Elli	cott Cit	У	How	ard	
000	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									10d.	. INSIDE CITY
	- 16		ward		El	licot	t City			000	YES 2 NO
13	₹	10e. STREET AND NUMBER					10f. ZIP CODE		10g. CITIZE	N OF WHAT	COUNTRY?
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DV EII	BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WI	YES 2 TO	MED IO	If yes,	Specify Cubsn, Mexice (ES 2 A NO Specify	HC ORIGIN? (Specify Yes, n, Puerto Ricen, etc.) /:	e or No — 14	. RACE — A Black, Wh Specify:	White
6		15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DE	CEDENT'S	USUAL OCCUP	ATION	16b. KIND OF BU	SINESS/INDUS	TRY	
COMP. ETEN	<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille	Do NOT u	se retired.)	most of working				
9	2	K-12		. 1	ouse	wife		Own			
5	3	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Maiden			
u	# H	Justin Lobit						e Ginest			
F		Adele Stolte		19	3775	Bonny		e Pl E.			043
		20e, METHOD OF DISPOSITION	40-20-20-20-3				cemetery, cremetory or		CATION — CIT		
		4 Donetion 5 Other (Specify)	oval from State	other pl	I	orrai	ne Park	Cemetery	, Bal	ti.M	d.
		21. SIGNATURE OF FUNERAL SERVICE UK	ENSEE	,		22. NAME	AND ADDRESS OF FA	CILITY Slack	Fune	ral	Home
		Lolin Va	Olandla	de 1	005	>		Box 3	68 E1	liko	tt City
	7	23. PART I. Enter the diseases, or cannot shock, or heart failure.	complications that List only one cou	caused the de	eth. Do		mode of dying, suc				Approximate Interval Between
		iMMEDIATE CAUSE (Finel disease or condition resulting in death)	OCAR	010 P	ILM	MAN	Y AHE	585			Onset and Desth
			DUE TO (OR AS A CONSE	OUENCE O	F):	WE IN	NOT FAIL	1100		
3	2	Sequentially list conditions,	DNE TO	OR AS A CONSE			1V5 46	MA AMIL	-1110		
ķ	CERTIFICATION	if any, leading to immediate cause. Entar UNDERLYING	O PAIZ	Juman	IB	_				1	
Ù	Ĭ	CAUSE (Disesse or injury that initiated events	DUE TO (OR AS A CONSE	OUENCE O	F):					
. 5	=	resulting in death) LAST	d.								
i I `	- II	PART II. Other significant condition	a contributing to	dooth had not	- a celelar a	In the condent	dan cours about to	Boot I are unp as		A ST. MITTER	ALTTORNA CHICANO
MEDICAL	\$ 1	TAIT II. Otto Significant Condition		destil but not	esoning	iii tire underi	ying cause given in	Part I. 24a. WAS AP PERFO		AVA	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION DF CAUSE
Ì								1 TYES	2 🗌 NO	DF	DEATH?
						<u> </u>		-		1 [YES 2 NO
N A	Ž I	25. WAS CASE REFERRED TO MEDICAL		-		24	. PLACE OF DEATH (C)	mak anti anni			
DUVEICIANI	Ž	EXAMINER?	HOSPITAL:	ED/Outpetlant 5		OTHER:		100 - vertile -			
- 3	≝∥	27. MANNER OF DEATH	1 inpetient 2 28e. DATE OF		28b. TII		iome 5 Residence	28d, DESCRIBE HOW	INJURY OCCU	RED	
5	- 14	1 Natural 5 Pending	(Month, De	ly, Ybar)	IN	JURY	WORK?				
	à	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF	F INJURY — At he	me, ferm,	atreet, fectory, o	ffice	281. LOCATION (Street		Rural Route	Number,
		4 Homicide determined	bullang, a	etc. (Specify)				City or Town, State	"		
	COMPLET	29e. CERTIFIER CERTIFYINO PHYS	ICIAN: To the best of	my knowledge, d	eth occur	red at the time.	lete end place, end due	to the cause(s) and me	inner as stated		
	2	(Check only one) 2 MEDICAL EXAMINE									d manner as stated.
	- 11	200 SIGNATURE AND APTO OF CERTIFIE	R				29c. LICENSE NU	MBER	29d, DATE	SIGNED (Mo	nth, Dev. Year)
-	2	Hon XX	MD				38117	~	► ¥	111	152
1 5	2	30. NAME AND ATORESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (ITE	M 27) (Typ	a, Print)	100		1	+	14

32. REGISTRANS SIGNATURE Sundson Andelle

31. DATE FILED (Month, Day, Year)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

		FOR
1	_	STATE
		REGISTRAR

1 - STATE REGISTRAR		SIMIE UF IV		ERTIFIC		OF DEATH	MEMIN	REG. NO.			
1. OECEDENT'S NAME (First,	Middle, Last)							OF DEATH			TIME OF DEATH
TH	OMA	15	S.	H	4sh		MONT	14 24		90	9:45 1
4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (in yrs. ia		UNDER 1 YE		7. DATE	OF HRTH	6.	BIRTHPL Country)	ACE (State or Foreign
217-12-371	1	1 🔀 M 2 🗌 F	66		HTHS DA	YS HOURS MIN.	1	1/01/23	3		land
	MEMO		ospita	1 1	AVA	WN OR LOCATION OF OR			9c. COUNTY	RF6	
RESIDENCE OF DEC	10b. COUNTY	1		10c, CITY, 1	OWN OR L	OCATION					Od. INSIDE CITY
Maryland	H	Marford			rdeer					1	LIMITS?
626 Beards	Hill	Road				10f. ZIP CODE 21001				S.A	AT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 🔀 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	AR OR DATES	RMED NO	If ye	BECENDENT OF HISPAR a, specify Cuben, Mexice YES 2 NO Specify	n, Puerto		or No— 14	Specify:	
15. DEC	EDENT'S EDUC	CATION		ECEDENT'S US		PATION og most of working	16b	. KIND OF BUS	INESS/INDU	STRY	
Elementary/Secondary (College (1-4 or 5 d	•)	Shop F	etired.)			Gensta	r Pro	duct	s
17. FATHER'S NAME (First, N	liddle, Last)			DIIOD I	OI CIR	18. MOTHER'S NA	ME (First,			0000	
Thomas H	I. Hash	1				Mega	Agne	s Spen	cer		
19a, INFORMANT'S NAME (Type/Print)		1	9b. MAILING AI	DRESS (St	reet and Number or Rural	Route Num	ber, City or Town	n, State, Zip C	ode)	
Mrs. Mildr	red M.	Hash		626 Be	ards	Hill Road,	, Abe	erdeen,	Maryl	and	21001
20a. METHOD OF DISPOSIT		ovel from State	20b. PLACE other p		ON (Neme	of cemetery, crematory or			CATION CH		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
4 Donation Donation	(Specify)		Har	ford M	emori	ial Gardens	5	Abe	erdeen	, Ma	ryland
21, SIGNATURE OF THE SA	M.	1 MB 1891			Ta	me and accress of fa arring-Card perdeen, Ma	go Fu				٠.
23. PART i. Enter the d					_						Approximate
ahock, or h IMMEDIATE CAUSE (FI		Liat only one cau	ise on each lin	ie.	0	0					Interval Batween Onset and Death
disease or condition	nai	Met	retato	1 2	une	y Corre	1 m	MAA			
resulting in death)		DUE TO	(OR AS A CONS	EOUENCE OF		/	014				1
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Sequentially list condit if any, leading to imme		DUE TO	(OR AS A CONS	EQUENCE OF):							
cause. Enter UNDERLY CAUSE (Disease or Inju		c								_	
that initiated events		DUE TO	(OR AS A CONS	EOUENCE OF):							
resulting in death) LAS	" L	d									1
PART II, Other significa	ent condition	na contributing to	daath but not	resulting in	the unde	rlying cause given in	Part i.	24a. WAS AN	AUTOPSY	24b. V	WERE AUTOPSY FINDINGS
Wenter		rellatue	-	-				PERFOR			WAILABLE PRIOR TO COMPLETION OF CAUSE
400								1 ∐ YES 2	NO		OF DEATH?
							_			'	I YES 2 NO
25. WAS CASE REFERRED	TO MEDICAL	1				26. PLACE OF DEATH (C/	heck only o	nel			
EXAMINER?		HOSPITAL:	ER/Outpatient		THER:	Home 5 - Residence					
27, MANNER OF DEATH		28e. DATE OF	INJURY	28b. TIME	OF 28	c. INJURY AT		SCRIBE HOW I	NJURY OCCL	JRED	
	Pending	(Month, L	Day, Year)	INJUI		WORK?					
2 Accident 3 Suicide	Could not be	28e. PLACE (F INJURY At I	home, ferm, str	eet, factory,	office		CATION (Street		r Rural Ro	ute Number,
4 Homicide	determined	building	etc. (Specify)				C/h	or Town, State)			
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner ee stated.											
JUNE SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER 29d, DATE SIGNED (Morth, Dw., Year)											
Janton muchany DO76 CC >7/2/90											
DANTE	U. N	100A/21	SE OF DEATH (IT	EM 27) (Type	MR	e de Gr	Aci	, Cha	1 8	40	78
31. DATE FILED (Month, Day	5 '90		an's SIGNATURE					,			
			7. 3	-							

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DIRECTOR

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notified at ě must examiner filled in by the figon, or removal. the medical signed by the attending physician and completely filled in Health and Mental Hygiene prior to burial, cremation, or traumatic event, certificate be injury, or other the that shows any requires been x. of e has b. Dept. MB 23 the State Hem OR ATTENDING PHYSICIAN: 0 with 1 marked, After 1 60 DIRECTOR: / 28 tem FUNERAL (HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

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20 '90

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN July 18 1990 Carrie Harrold 1:40 PM A. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN (Month, Day, Year) 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 M 2 DF YRS. 213-48-9130 93 9 13 1896 Canada 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Talbot Easton Memorial Hospital RESIDENCE OF DECEDENT 10d. INSIDE CITY LIMITS? 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Caroline 1 X YES 2 NO Denton 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? South Eighth Street 21629 Canada 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No 14. RACE — American Indian, Black, White, etc. If yea, apecify Cuban, Maxican, Puerto Rican, atc.) 1 Never Married 2 Married 1 TES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced Caucasian 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete Щ Elementary/Secondary (0-12) College (1-4 or 5+) H.S. grad. Housewife none Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) Henry McNa11y Unknown Huber BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Roland C. Kent 109 South Second St. Denton, MD 21629 20s. METHOD OF DISPOSITION

1 St Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, Stata Denton Cemetery Denton, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY andob Moore Funeral Home, P.A. ut 110013 Denton, Maryland 21629 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart fellure. List only one cause on each line. intarvai Between IMMEDIATE CAUSE (Final Onset and Death disease or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in death) Trillo CERTIFICATION Sequentially list conditions, if eny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algrificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) **EXAMINER?** HOSPITAL: X Inpetient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO ng Homa 6 🗆 Rasidanca 6 🗆 Other (Specify) 4 I Nura 27. MANNER OF DEATH 26c. INJURY AT WORK? 28a. DATE OF INJURY 26d. DESCRIBE NOW INJURY OCCURED 26b. TIME OF 1 Natural 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be datermined COMPLETED 4 Nomicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and placa, and dua to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIONED (Month, Day, Year) BE 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, 32. REGISTRAR'S SIGNATURE

www. Pandall

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunk-transit permit. Pages 1, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE O	F MARYLAND	/ DEPARTMENT	OF I	HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF	DEAT	ГН		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTME				YGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest) ROXIE	ELIZA PURNELL	50	hrsov		2. DATE OF I		18 1940	3. TIME OF DEATH 1255 PM		
	4. SOCIAL SECURITY NUMBER 220-46-3578	1 M 2 F	37 YRS. MONT		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF 1 (Month, De MAY 3	0, 19	53 NE	WARK, MD.		
ECION	99. FACILITY NAME (If not Institution, give st Peninsula General	Hospital	9b.	Salisb	H LOCATION OF DE	9c. COUNTY OF DEATH					
DIMEC	10e. STATE 10b. COUNTY MD. WORCE		10c. CITY, TO	MN OR LOCAT	ION	10d. INSIDE CITY LIMITS? 1 ☐ YES 2 [X]!					
EHAL	10e. STREET AND NUMBER 9233	SEAHAWK RD,		- 20	. ZIP CODE 21811	Add to the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon					
BY FUNEHAL	11, MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NHO	If yes, sp	endent OF HISPAN ecify Cuban, Maxica 2X NO Specify	n, Puerto Rica	ipecify Yes or n, atc.)	Spe	CE — American Indian, ek, Whita, atc. ICHY: SO-AMERICAN		
LEIEU	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12th	CATION 16a Completed) College (1-4 or 5+)	Give kind of work of life. Do NOT use retire	lone during mo ed.)	ON st of working			IESS/INDUSTRY	,		
= COMPLEI	17. FATHER'S NAME (First, Middle, Last) JAMES PUF	RNELL	DOMESTIC		16. MOTHER'S NA	ME (First, Midd			FU		
10 BE	19a. INFORMANT'S NAME (Type/Print) ALVIN JOHNSON		ADDRES	S SAMI	and Number or Rural I	Route Number,	City or Town,	State, Zip Code)	S424 I		
	26. METHOD OF DISPOSITION 1 O Burial 2 C Cremation 3 Plants 4 Donation 5 Other (Specify) 21. SIGNATURE OF FONERAL SERVICE LIC	ovel from State oth	ACE OF DISPOSITION OF PROCESS CALVARY	UM	ND ADDRESS OF FA	CILITY	BERI	ITION — City or LIN, MD			
	23. PART I. Enter the diseases, or o	B. Gra	ey	JOLLI SALIS	EY MEMORI SBURY, MO	IAL CH D. 218	01		B0X 920		
	shqick, or heart feliure. IMMEDIATE CAUSE (Final	List only one cause on each CCCC 5ra DUE TO (OR AS A CO	I he no			n as cardiac	; or respire	tory arrest,	Approximate Interval Between Onset and Death		
HIFICATION	Sequentially list conditions, if emy, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO									
AL CEN	PART II. Other algorificant condition	s contributing to death but i	not resulting in th	e underlyin	g cause given in	Part I. 24	a. WAS AN AI		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDIC	as thma	hy				_ '	□ YES 2	No	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINEH? 1 — YES 2 NO	HOSPITAL:		HER:	LACE OF DEATH (Ch		inacify)				
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. IN.	JURY AT DRK? YES 2 NO			JURY OCCURED			
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street	, factory, offic	00	281. LOCATION City or 1	ON (Street an Town, State)	d Number or Rure	al Route Number,		
COMPLETED	one) 2 MEDICAL EXAMINE	ICIAN: To the best of my knowledg			death occured at the	time, deta an	d place, and	dua to the caus			
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WITH	rispor	(ITEM 27) (Type, Prin	0	29c. LICENSE NU			P 7//	8/90		
	Charles B. S. 31. DATE FILED (Month, Day, Year)	VIA JO NO	IRE	PGtt	MC						
	JUL 2 5 '90	gina Davidson-Ra	ndalle								

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	otified at once.	
	ic event, the medical examiner must be notified at	
al.	examiner	
n, or remova	medica	
irial, cremation	vent, the	
or to burial,	пша	
Hygiene pri	or other tra	
d Mental	Injury,	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	S	TATE OF N	MARYLAND C			OF HEALT		MENTA	L HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Midd ANGELINE	ROSI	E		JAC	KERS	SON		2. DATE	of OEATH Y 25,	1991	SAR :	5:50 AM M
4. SOCIAL SECURITY NUMBER		BEX	B. AGE (In yrs. Is		IF UNDER 1	YEAR IF UND	ER 24 HRS.	(Monti	OF BIRTH h, Day, Year)		BIRTHPI Country)	LACE (State or Foreign
578-10-9244		□ M 2 [X F	74	YRS.					3,1916			NGTON_DC
99. FACILITY NAME (ti not instituti			CDTTA:			CA PL		EATH		9c. COUNTY	ARL]	
PHYSICIANS N		LAL HO	JSPIIA	L,		AW LIT	AIA			- 0117	KKI,	
	COUNTY			10c. CITY,	TOWN OR	LOCATION					1	IOd. INSIDE CITY LIMITS?
MARYLAND C	HARLES	5		W	ALDOF	RF						I ☐ YES 2 📈 NO
10e. STREET AND NUMBER						10f. ZIP CC	DE			10g. CITIZE	N OF WH	IAT COUNTRY?
2538 LISA DRIV					_	2060					US/	
11. MARITAL STATUS 1 Never Merried 2 Merr	ind	FORCES? 1	T EVER IN U.S. 4	RMED NO	11	yes, specify Cu	ban, Mexica	n, Puerto	N? (Specify Yea Rican, etc.)	or No— 14		- American Indian, White, etc.
3 💢 Widowed 4 🗌 Divorced		IF YES, GIVE V	WAR OR DATES		1 10	TYES 2 (X) N	O Specify	y:			Specify:	WHITE
	IT'S EOUCATIO			ECEDENT'S U			dula a	168	. KIND OF BUS	INESS/INDUS	STRY	
(Specify only high Elementary/Secondary (0-12)		oliege (1-4 or 5	- 4	fe. Do NOT use	retired.)	ring most of wo	rking					- 1
12TH GRADE				ECRET	ARY					<u> ISINES</u>	S	
17. FATHER'S NAME (First, Middle,						100			Middle, Meiden S			
PHILIP CAPO									<u>MORFE</u>			
190. INFORMANT'S NAME (Type/F			1						ber, City or Town			
ANTOINETTE REA	GAN		20h PLAC			UKIVE.		JUKF.	MARYL	AND CATION — CH		
1 Donetion 5 Other (Spe		from State	other	ENITY			ronnetory or			GO. FI		
21. SIGNATURE OF FUNDINGS. SE	_	ex f	JULIAN	LIVIII		AME ANO AOO	RESS OF FA	CILITY -		_		
-	KBV	den	*>		P.0	BOX	156,					AL HOME,INC 20604-0156
23. PART I. Enter the disessands, or heart												Approximate Interval Between
IMMEDIATE CAUSE (Finel		•				0						Onset and Death
disease or condition resulting in death)	a	Me-	tast	ati	-	15 ze	035	- (and	ien		1642
in as the way of the contract of		DUE TO	(OR AS A CONS	EQUENCE OF):							/ *
Sequentisity list conditions	b	DUE 70		TOUTING OF								
If any, leeding to immediate cause. Enter UNDERLYING		DOE 10	(OR AS A CONS	ECOENCE OF): 							i I
CAUSE (Disease or injury that initiated events	۵_	DUE TO	(OR AS A CONS	EQUENCE OF):							
resulting in deeth) LAST	d											
DART II Other electricest of	andlilana as	and of the state of the	doubt but on	t annuality and the				Don't I	24s, WAS AN	ALITODAY	T	WEST AUTORIAN ENDRIGO
PART II. Other significant of	onditiona co	ominouting to	death but no	t resulting it	n the und	eriying ceus	e given in	Part I.	PERFOR			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
								_	1 TYES 2	□ NO		OF DEATH?
												1 TES 2 NO
25. WAS CASE REFERRED TO MI	EDICAL					26. PLACE O	F DEATH (C)	hack only o	(a)			
EXAMINER?	H	OSPITAL:	☐ ER/Outpatient	3 □ DOA	OTHER							
27. MANNEB OF OEATH	1.,	28e. DATE O	F INJURY	28b, TIME	OF :	28c. INJURY AT			SCRIBE HOW II	NJURY OCCL	JREO	
1 Natural 8 Pen	ding	(Month, i	Day, Year)	INJU	JRY M	WORK?	2 NO					
2 Accident Inve		28e. PLACE	OF INJURY — AI	home, farm, s	treet, facto	ry, offica		28f. LO	CATION (Street a	and Number o	r Rural Ru	oute Number,
	rmined	bullding	, etc. (Specny)					Ling	y or Town, State)			
29e. CERTIFIER (Check only	NG PHYSICIAN	N: To the best o	f my knowledge,	death occurre	d at the tir	ne, dete and pl	ace, end du	e to the co	euse(e) end men	ner as state	d.	
e e e e	EXAMINER: 0	n the basis of	examination and/	or Investigation	n, in my op	elnion, death o	coursed at the	e time, del	te and place, en	d due to the	cause(s)	and manner ee stated.
296, SIGNATURE AND TITLE OF	CERTIFIER	. 1				29c.	LICENSE NU	IMBER		29d. DATE	SIGNED	(Month, Day, Year)
Kough	M	- Ma	the			0:	153	35	2	▶ 7	-73	5-90
30. NAME AND ADDRESS OF PE	RSON WHO CO	OMPLETEO CAI	JSE OF DEATH (I	TEM 27) (Type,	Print)	_	M	0	201	46		
31. DATE FILED (Month, Day, Year	7000	32. REGISTR	AR'S SIGNATURE		40		- 101		100	70	_	
JUL 27'	90		Davidson		D							

ELECTION OF

BALIIMORE,	urs after death. Page 6 may be	In by the funeral director, page r removal.	nedical examiner must be	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page the find within 72 hours after death with the State Deot, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be	

31. DATE FILED (MAUNITY DOS), YOU)

32. REGISTRAR'S SIGNATURE

JUL 27 1990 Julie Savidon Rondon

													91	J	21773
	1	FOR STATE REGISTRAR	STATE OF MARYLA	AND / D	EPAR	TMENT	OF H	EALTH DEAT	AND N	MENTAI	REG. NO.	E			
	į	1. DECEDENT'S NAME (First, Middle, Last)	7 6	-		1.				2. DATE	OF DEATH	Y	YEAR	3. TI	NE DE DEATH
	ŀ	A. SOCIAL SECURITY NUMBER		me		IF UNDER	1 YEAR	IF UNDER	24 HRS	7 DATE	OF BIRTH		A BIRTI	HPLACE	(State or Foreign
	1	578-40-0396		57	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Dey, Year) Country) 7-29-32 NJ					Totals or Foreign
	1	9a. FACILITY NAME (If not institution, give stre	set and number)			9b. CITY	, TOWN D	R LOCATI	DN OF DE	ATH		1	INTY OF D		·
l e		Anne Arundel Medic	al Center			Ar	napo	lis				Ann	e Ar	und	el
DIRECTOR		RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY				Y, TOWN		ION			-			10d.	INSIDE CITY LIMITS?
	- 10-		rundel		A	rnol									YES 2 NO
FUNERAL		100. STREET AND NUMBER 204 Doncaster Road	1				10f	zip cod	€ 012			10g. CIT	IZEN OF	US.	A
3		11. MARITAL STATUS	12. WAS DECEDENT EVER IN								? (Specify Yea	or No-	14. RAC	E — An	nerican Indian,
BY F	- 11	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR DA					2 NO			Rican, atc.)				ite
8	- 11	15. DECEDENT'S EDUC	ATION	16a, DECE	DENT'S	USUAL C	CCUPATIO	ON	_	16b	. KIND OF BUS	SINESS/IN	•		
		(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give	kind of a	work done se retired.)	during mo	at of worki	ng						
길릴		12	5+	Main	pow	er D	evel	.opme	nt	U	S Dept	. of	Lab	or	0.00
COMPL		17. FATHER'S NAME (First, Middle, Last)						1111		4	Middle, Malden	Sumame)			
BE G		Alex Kemenyas						A	nne	Chub	irka				
9		19a. INFORMANT'S NAME (Type/Print)	200712	19b.		addres me a			r or Rural I	Route Num	ber, City or Town	n, State, Zi	(p Code)		
9		Mrs. Betty J. Keme		. PLACE OF	_				melon, or		200 10	CATION	- City or T	Town St	tete.
must be notified at once. TO BE COM		1 Burial 2 Cremation 3 Remo	val from State	other place	0)	MA	1.0	ete	rak	5	9		A STATE		MD
Je l	1	21. SIGNATURE OF FUNERAL SURVICE LICE	ENSEE	1	7	22.	NAME A	ND ADDRE	SS OF FA	CILITY		- 100		VIL	LE
examiner		> Tolek		//		Ва	rran	1CO 8	Son	s Se	verna	Park	, MI) 21	146
medical	7	23. PART I. Enter the diseases, or conshock, or heart failure. L			th. Do	not ente	r the mo	ode of dy	ing, suc	h as can	diac or respi	iratory a	rreat,		Approximate Interval Between
E		IMMEDIATE CAUSE (Final				1									Onset and Death
t, the		disease or condition resulting in death)	LIVERI)ISEI	ASE		AIL	ure	.)						6 Weels
other traumatic event,			DUE TO (OR AS A	CONSEQU	ENCE O	F):	1.1		4	. /	1 <	0			6 Weels 5days
aft O		Sequentially list conditions,	DUE TO (OR AS A	CONSECU	1/U	re	(H	gron	DRE	na	agr	040	ne		Salays
ATI		if any, leading to immediate cause. Enter UNDERLYING	DOE TO (ON AS A	CONSECU	ENCE C			0			•			j	0
FIC.		CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A											+	
or other traumatic		resulting in death) LAST	i.												
E C	1	DARVE II. Oak-s significant and distant	and the standards to			1- Ab	ar ata ata da a		-1 1-	D-41					P ALPTODOV PRIDATAG
shows any Injury.		PART II. Other significant conditions ACCI+OS	- Contributing to death b	nut Hot Ies	suiting	#11 (140) U	numnym	y cause	Aison in	rait i.	24a. WAS AN PERFOI	RMED?	24	AWAIL	ABLE PRIOR TO PLETION OF CAUSE
E S		10001101	61 H.								1 4 YES 2	≥ □ NO		OF D	EATH?
Show Z	- 11	coagulof	Kny							_				1 📙	YES 2 WHO
123 AN		25. WAS CASE REFERRED TO MEDICAL	,				26. P	LACE OF	DEATH (C)	neck only o	ne)				
Item Item		EXAMINER?	HOSPITAL:	patient 3	□ DOA	OTHE		ne 5 🗆 F	Rasidenca	6 🗆 Oth	er (Specify)				
ed, or item 23 s		27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	Т	26b. TII	_	28c. IN.	JURY AT			SCRIBE HOW	INJURY O	CCURED		
marked, RV PH		1 Natural 5 Pending 2 Accident Investigation	(monal, bay, rous)			M	1 🗇		□ NO						
28 is m		3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spe		ie, ferm,	street, fe	ctory, offic	ca			CATION (Street or Town, State		er or Rural	l Route I	Number,
EL		20s CEUTIFIED												_	
= 3		(Check only	CIAN: To the best of my know R: On the basis of examination											v(m) mare	manner as etaled
	3	T MEDICAL EXAMINE	AT THE PERSON OF STREET	ni miru/OF IIT	vesigati	ron, in my	opinion,				a arru piaca, ai				
IMPORTANT	1	29b. SIGNATURE AND TITLE OF CENTIFIES	A lower	0				29c. LK	ZO/	MBER	-	29d, D/	7	O (Mon	th, Day, Year)
E C	2	30. NAME AND ADDRESS OF PERSON WHI	COMPLETED CAUSE OF DE	ATH ICLER	27) (Tvo	e, Print)		D	506	17			112	111	

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DHMH-16 Rev 1/89

	1 - STATE REGISTRAR	SIMIE UP IV	TARTLAND /			OF DEAT			EG. NO.	5		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF E				3. TIME OF DEATH
	CHARLES	REEL)	KUI	RTZ		- 1	монтн 7	21		90	12:50 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 Y	EAR IF UNDER 24	HRS.	7. DATE OF B	HTH		8. BIRTH	PLACE (State or Foreign
	159-03-2820	1 🔀 M 2 🗆 F	81	YRS.	MONTHS D	AYS HOURS	MIH.	OCT.	15.19	908	PENN	"SYLVANIA
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	WN OR LOCATION	OF DE				NTY OF D	EATH
E	SALISBURY NURSING	HOME			SALTS	BURY, MI	D.			WI	COMIC	oc oc
5	RESIDENCE OF DECEDENT		***									
DIRECTOR	10e. STATE 10b. COUNT			10c. CIT	Y, TOWN OR I	OCATION						10d. INSIDE CITY LIMITS?
		COMICO			SALI	SBURY						1 YES 2 NO
M	10e. STREET AND NUMBER					101. ZIP CODE				10g. CIT	IZEN OF W	HAT COUNTRY?
BY FUNERAL	1118 TANEY AVENU	7					801				USA	
5	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AR			DECENDENT OF is, specify Cuban,				or No-	14. RACE Black	— American Indian, , White, etc.
≥	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W				YES 2 XNO					Speck	
	15. DECEDENT'S EDI	ICATION	I see DE	CEDENT'S	USUAL OCCI	IDATION		48h MIN	D OF BUS	INEGC (IN	DUSTRY	WHITE
COMPLETED	(Specify only highest grad	le completed)	(G	ive kind of Do NOT u	work done duri	ng most of working		100. Kill	D 01 200		DOGINI	
7	Elementary/Secondery (0-12) 8 YEARS	College (1-4 or 5 d		ACCO	JNTANT			DRI	ESSEI	R TNI	DUSTE	RIES
WC	17. FATHER'S NAME (First, Middle, Last)	2 121110		10000	7111111		R'S NA	ME (First, Middl			50011	
Ö		UNK	KURTZ			ANN			JNK		MYLES	3
BE	19e. INFORMANT'S NAME (Type/Print)	O TITLE		b. MAILING	ADDRESS (S	treet end Number o						
5	DAVID KURTZ-SON			3198	LOVER	S LANE,	FAYE	ETTEVI	LLE.	ARK	ANSAS	72701
		/22/90	20b. PLACE	OF DISPO	SITION (Name	of cometery, crema					City or To	
	1 Buriel 2 ACremation 3 Rer 4 Donation 5 Other (Specify)	noval from State	SALI	SBUR	CREM	ATORY			SAI	LISB	URY,	MD
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE			22. NA	ME AND ADDRESS	OF FAC	CILITY	ar n			
	· atom.	1600				LOWAY FI					MD	21801
	23. PATO I. Enter the diseases, pr	complications the	ray	eth Do	_	SNOW H						Approximate
	ahock, or heart feliure			D.		•	-		-	-		interval Between
	IMMEDIATE CAUSE (Final disease or condition	C	1-	11.	R	tite a	-1	h m	,1	1		Onset and Death
	resulting in death)	e. OUE TO	OR AS A CONSE	OUENCE O		- W - W	my	7 //	041	4-7		
-	_		0									
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	OUE TO	(OR AS A CONSE	OUENCE C	F):							
CAT	cause. Enter UNDERLYING	G.										
Ē	CAUSE (Diseese or injury that initiated events	DUE TO	(OR AS A CONSE	OUENCE C	F):							
ERI	resulting in death) LAST	d										
	PART II. Other algorificant condition	one contributing to	death but npt	resulting	in the unde	riving cause gi	ven in	Part i. 24	I. WAS AN	AUTOPSY	24b	, WERE AUTOPSY FINDINGS
MEDICAL	Distra M	11/1/			50, 414				PERFOR		100	AVAILABLE PRIOR TO COMPLETION OF CAUSE
Ö	111:0	10000						- 1	YES 2	NO		OF DEATH?
Σ	Carrier V	· sec						- 1		,		1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PLACE OF DE	ATM /Ch	eak anh ana)				
2	EXAMINERY	HOSPITAL:	TER/Outsides A	n 🗆 noa	OTHER:							
4	27. MANNER OF DEATH	1 Inpatient 2		26b. TII		g Home 5 - Ree	Haence	28d. DESCRI		NJURY O	CCUREO	
	Natural 5 Pending	(Month, I	Day, Year)	IN	JURY	WORK? 1 YES 2	NO	I MANUAL PROPERTY				
ВУ	2 Accident 3 Suicide 8 Could not be	28e. PLACE (OF INJURY — At h	ome, ferm,	street, factor	, office					er or Rural i	Route Number,
TED	4 Homicide determined	building	, etc. (Specify)					City or it	own, State)			
COMPLET	290. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best o	f my knowledge, d	eath occur	red at the tim	. date end place.	end due	to the causel	s) end me	nner as si	ated.	
M	(Check only											a) and menner as stated.
	29b. SIGNATUME AND PITLERY CERTIFI	(ED) /				29c. LICEI	NSE NU	MRED		204 D4	TE SIGNE	O (Month, Day, Year)
BE	> 11X	1/11	NN			A	10	190		D	17/11	23/1991
2	30. NAME AND ADDRESS OF PERSON)	HÓ COMPLETED CAI	SE OF DEATH (ITI	EM 27) (Tvn	e, Print)	0	70	11		-	1	-/:/!-
	Eddie Ve	1/4200				VIC AVE	, S	ALISBU	RY,	MD	2180	1
6	31. DATE FILED (Month, Day, Year) JUL 2 4 '90	SI REGISTR	AR'S SIGNATURE	W.								

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION Tris in

and the same

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AN
REGISTRAR	CERTIFICATE OF DEATH

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC			MENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (Fyst, Middle, Lest) Vernon G. Kanely	2) 1	i.e.	54		2. DATE OF DEATH	~ a	3. TIME OF DEATH	Α μ
1	4. SOCIAL SECURITY NUMBEP 5.	SEX 6. AGE (F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreig Country)	gn
l	215-03-7000A 1	M 2 □ F	78 YRS. M	DNTHS DAYS	HOURS MIN.	8/19/11		Maryland	
~	9a. FACILITY NAME (If not institution, give etreet	·		b. CITY, TOWN O	R LOCATION OF DE	АТН		Y OF DEATH	
DIRECTOR	Baltimore County Ge	eral Hosp	1tal		Balt	imore			
2	10a. STATE 10b. COUNTY			TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?	
	Md.		Balt	imore				1 X YES 2 NO	0
FUNERAL	1939 Ramsey Street			101	21223			N OF WHAT COUNTRY?	
¥		. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Ye		RACE — American Indien, Black, White, atc.	
B	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES			2 NO Specify	n, Puerto Rican, etc.)		Spec//y: white	
COMPLETED	15, DECEDENT'S EDUCATI (Specify only highest grade con		16e. DECEDENT'S US	SUAL OCCUPATION MO		16b. KIND OF BU	SINESS/INDUS	STRY	
	Elementery/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use i	retired.)		DUIT T	imousi	ne.	- 4
MP.	17. FATHER'S NAME (First, Middle, Last)		Gnau	ffeur	16 MOTHER'S NA	ME (First, Middle, Maiden		110	
	Raymond Kanely				7151	Blankens			
) BE	190. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street o		Route Number, City or Tov			
2	Gail S. L. Elam					Middleburg			
	20e. METHOD OF DISPOSITION 1 Buriel 2 Commetton, 3 Remova 4 Donatton 5 Other Specify)	I from State	other place) oudon Par					ty or Town, State	
	21. SIGNATURE OF FUNDAL SERVICE LICENS	sely 12			ID ADDRESS OF FA		Time		
	· 2/044 0	1. Koul	men			n Funeral Elkridge		21227	
	23. PART is Enter the diseases of comehock, or heart failure. Lis			t enter the mo	de of dying, suc	h ae cerdiec or resp	iratory arres	at, Approximata	
	IMMEDIATE CAUSE (Finel disease or condition	0.1.			2			Onset and D	Death
	resulting in deeth) a	DUE TO (OR AS A	CONSEQUENCE OF	三	REMA				
_		Rece	of M	IDCPA	larby	IN-FAR	Hion	1	
흔	Sequantially list conditione, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):						
CA	CAUSE (Disease or injury	DIJE TO (OR AS A	CONSEQUENCE OF):						_
CERTIFICATION	that initiated events resulting in death) LAST	00E 10 (011 NO N	CONSCOUNCE OF J.					į	
	DADT II Other classificant and distance	and all bushes as at sale le		Alta da anta da		Dati la man			
CAL	PART II. Other aignificant conditions of	Airism	out not remulting in	tna ungariyin	g ceuse givan in	PERFO	RMED?	24b. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAU)
		THE MITT				1 YES	2 NO	DF DEATH?	
2								10.45	
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IQSPITAL:			ACE OF DEATH (Ch	eck only one)			
YSI	1 TES 2 NO 1	Inpatient 2 - ER/Outp				8 Other (Specify)			
	27. MANNER OF ĎEÀTH Natural 5 Pending	(Month, Day, Year)	28b. TIME INJUI	RY WO	URY AT	26d. DEŞCRIBE HOW	INJURY OCCU	IRED	
B	2 Accident Investigation	28e. PLACE OF INJURY	— At home, farm, atr		YES 2 NO	28f, LOCATION (Street	end Number o	r Rural Route Number	
TED	3 Suicide 6 Could not be determined	building, etc. (Spec		,		City or Town, State			
1 2	29e. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my know	riedge, death occurred	at the time, date	and place, and due	to the cause(e) end me	enner ee stated	1.	
COMPLET	ana)	On the beels of examination	n end/or investigation,	In my opinion, o	leath occured at the	time, date and place, e	nd due to the	cause(a) and manner as state	ted.
BEC	296. SIGNATURE AND TITLE OF CERTIFIER	1-0	0.0		29c. LICENSE NUI	MBER C	29d. DATE	SIGNED (Month, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON WHO S	AUCHO.	MID,	triat)	から	7000		111170	
,	BARDARA SE	cha 5	40) Olo	Cou	ret Rd.	, RANd	allste	CM, WW	
	31. DATE FILED (Morith, Day, Year) JUL 1 9 '90	32. REGISTRARIS SIGN	Davidson-Ron	rdepe					

Radio declary province data

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Call Light

male or or other

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or attending physician. use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within are after death. Page 6 may be retained by the hospital of TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	al o	10	
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FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HE		MENTAL	HYGIENE REG. NO.			- 6- 1 /
-ENDING	erick	bcker	-		2. DATE O	F DEATH DAY	90	3. T	ME OF DEATH
4. SOCIAL SECURITY NUMBER 060-07-6583	5. SEX 6. AGE (F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O	Day, Year)		BIRTHPLAC Country) EW YO	E (State or Foreign
60. FACILITY NAME (If not institution, give Chesapeake Manor			Arnol		ATH		ec. county Anne 1		
RESIDENCE OF DECEDENT 100. STATE 100. COUNTY Maryland Anne	arundel	DN					INSIDE CITY LIMITS? YES 2 X NO		
100. STREET AND NUMBER 305 College Parl	cway Arnol	d	101.	21012			10g. CITIZEN	OF WHAT	COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDE 15 ORCES? 1 YES 2 NO If yos, specify 15 YES, GIVE WAR OR DATES 1 YES 2 X						r No- 14.		
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wor life. Do NOT use Repairm	rk done during most retired.)	of working	16b. (Telev	NESS/INDUST	TRY	
17. FATHER'S NAME (First, Middle, Lest) Frederick	Lubcker	~		16. MOTHER'S NAI Susa					
Mrs. June D.	McCarrick	1247	Stone W	ood Cour		Annap	olis,	Mar	-
20a METHOD OF DISPOSITION 1 Device 2 Cremetton 3 He 4 Donation 5 Other (Specify) 21. SIGNATURE OF TUM RAL SERVICE.	emoval from State	Green La	awn Ceme	tery	SHEY FI	Hic	KSVill Home	Le, N	
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO GOR AS	CONSEQUENCE OF):	BUSE						7
PART II. Other algoriticant condit	d. lone contributing to death i PNGVMOCCO			cause given in	Part i.	24a. WAS AN A PERFORM 1 YES 2	ED?	AVA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inputlent 2 ER/Out		26. PL/ OTHER: 4 ② Nursing Home	8 - Residence					
27. MANNEB-OF DEATH 1 Natural 8 Pending 2 Accident Investigation		28b. TIME INJU	M 1 V	RY AT IK? ES 2 NO		CRIBE HOW IN			
3 Suicide 6 Could not 4 Homicide determined		r — At home, farm, str clly)	reet, factory, office			TION (Street ar or Town, State)	a Number or	rtural Floute	Number,
enel only	YSICIAN: To the best of my know INER: On the basis of examination								d manner ee staled.
29b. SIGNATURE AND TITLE OF CERTIF	FIER			29c. LICENSE NUI	MBER 7 5	7	29d. DATE S	IGNED (Mo	nth, Day, Year) 0 -90
30. NAME AND ADDRESS OF PERSON	SGAGGA		Print) 9 PGA	INSVVA	+ FF	mm	RO A	0 /	Annun
31. DATE FILED (Month, Diller) 2	1990 - 300000	HIRSEN-Hands	Dia.						

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital properties of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be study within 72 hours after death with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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E HOS	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the in the first within 25 hours after death with the State Dest, or Health and Mental Hotiene prior to burial, cremation, or removal.	HLIAN
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31. DATE FILED (Month, DUL 25 '90

FOR 1 - STATE REGISTRAR	STATE OF MARYLAND) / DEPARTMENT OF CERTIFICATE OF		NTAL HYGIENE REG. NO.					
1. DECEDENT'S NAME (First, Middle, Las	Hortense	LeCompte	2.	DATE OF DEATH	3. TIME OF DEATH				
Hortense de	Compte			MONTH 07 184 90 5	EAR 5 5 AM				
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.	last birthday) IF UNDER 1 YEAR		, , , ,	BIRTHPLACE (State or Foreign				
214-18-4567	1 D M 2 N F S	YRS. MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Country)				
	7, 0			7-25-05	.VId.				
9a. FACILITY NAME (If not institution, giv	street and number)	9h. CITY, TOWN	OR LOCATION OF DEATH	9c. COUNTY	OF OEATH				
RESIDENCE OF DECEDENT	chester Gen Hospital Cambridge Durchester								
10s. STATE 10b. COU	COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?								
NJ. 7	250 hesto -	Cambi	100		1 PYES 2 NO				
10e. STREET AND NUMBER	101, ZIV CODE 10g. CITIZEN OF WHAT COUNTRY?								
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~									
130 ROSEMOO	INHUE Lamby	idge Vid	2/6/3	U.	5,14,				
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.				. RACE — American Indian, Black, White, etc.				
1 Never Married 2 Married	FORCES? 1 YES 2		specify Cuban, Mexican, P S 2 FNO Specify;	verto Hican, etc.)	Specify:				
3 Wildowed 4 Divorced					Black				
15. OECEDENT'S E	DUCATION 16a.	OECEDENT'S USUAL OCCUPAT	TION	16b. KIND OF BUSINESS/INQUS	TRY				
(Specify only highest gro	de completed)	(Give kind of work done during r life. Do NOT use retired.)	nost of working						
Elementary/Secondary (0-12)	College (1-4 or 5+)								
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME	(First, Middle, Meiden Surname)	1.				
Jahr Gara	are		F1.5	aboth las	lev				
194. INFORMANT'S NAME (Type/Print)		19b. MAJLING ADDRESS (Stree	and Number or Burel Door	a Number City or Youn State 7 in Co	odel				
George M.	Lecompte	730 Rose	41	e Cambridge	Md.21613				
20a. METFIOD OF DISPOSITION		NCE OF DISPOSITION (Name of o	emetery, crematory or	20c. LOCATION -Cit	or Town, State				
1 Denation 5 Other (Specify)	movel from State Ome	or places to	. (Po touche	- V. Mol.				
21. SIGNATURE OF FUNERAL SERVICE	. Previous	22 NAME	NO ADDRESS OF FACILI	TV	/// 131				
21. SIGNATURE OF PUNERAL SERVICE	0 C 11 D	ZZ. NAME,	AND ADDRESS OF FACILI	11	01				
- Ganel	le C. Hey B	uck Hy	M- X Fu.	va-al frome	Camb. Md.				
23. PART I. Enter the diseases,	r complications that caused the e. List only one cause on each l		node of sying, such e	a cardiec or respiratory arrea	t, Approximate interval Between				
IMMEDIATE CAUSE (Fine)					Onget and Death				
disease or condition	Anoxic En	cephalopathy	10 4	A mal sa	13 days				
resulting in death)		Chc C 1	17146011	+147	13004)				
	DUE TO (OR AS A CON		iac Arrest		13 days				
	- A	- ALDIAC	- ALR	- 257	1500070				
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A COM	NSEQUENCE OF): MYOC	ardial Iscl	hemia	13 days				
cause. Enter UNDERLYING		LYDCALO	IA/ I	SCH JMIA	1736				
CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CON		TD		several				
resulting in death) LAST		A C CASU	A _D O		cyears .				
	_ d	11 3 0	D		-Laustal Ye				
PART II. Other significant condit	one contributing to death but a	ot resulting in the underly	ing cause given in De	rt I. 24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS				
		ot resulting in the directly	ing cades given in rai	PERFORMED?	AVAILABLE PRIOR TO				
				1 YES 2 NO	COMPLETION OF CAUSE OF DEATH?				
				l l	1 YES 2 NO				
				-					
25. WAS CASE REFERRED TO MEDICAL									
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	PLACE OF DEATH (Check	only one)					
1 U YES 2 NO	1 Inpatient 2 ER/Outpatien		ome 5 🗆 Residence 6 🗎	Other (Specify)					
27. MANNER OF DEATH	28a. DATE OF INJURY	26b. TIME OF 28c. 1		Id. DESCRIBE HOW INJURY OCCU	RED				
1 Natural 5 Pending	(Month, Day, Year)		VORK? YES 2 NO						
2 Accident Investigation	28a PLACE OF INJUSTY - A	At home, farm, street, factory, of		St. LOCATION (Street and Number or	Pural Doubs Mumb				
3 Suicide 6 Could not	building, etc. (Specify)	n rooms, term, ellest, lectory, or	20	City or Town, State)	nurai nuura riumust,				
- Classical Control									
29a, CERTIFIER 1 CERTIFYING PH	YSICIAN: To the best of my knowledge	s, death occurred at the time. de	ite and place, and due to	the cause(e) and manner as stated					
Anal	INER: On the basis of examination and								
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	The same of same same same	venigenesi, in my opinion	, assert occurred at the fifth	a, see end place, end due to the	occoc(a) and manner or stated.				
29b. SIGNATURE AND TITLE OF CERTI	TIER		29c. LICENSE NUMBE	R 29d. DATE S	SIGNED (Month, Day, Year)				
	WWW		01516	7	11016-				
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF CEATH	(ITEM 27) (Type Print)	1 1/ 1/ 1		(B)				
Mahmaad Ch	ariff M.D. 10	5 Aurara Stra	at Cambret	dea Marriand '	21612				

32. REGISTRAR SIMNATURE: . Na. Davidson-Randelle

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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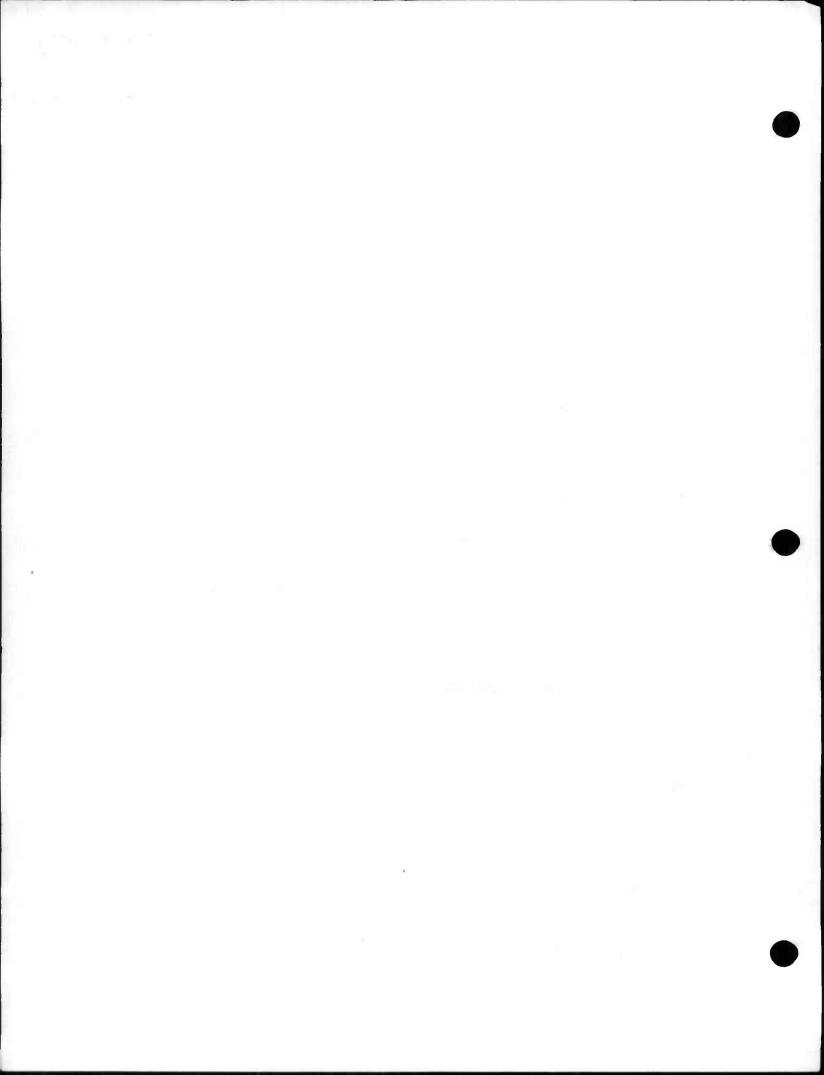
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTN DAY YEAR 3. TIME OF DE								3. TIME OF DEATH						
	Margaret M.									July 18 1990			2:20 AM	
	4. SOCIAL SECURITY NUME 216 46 6678	BER	5. SEX	6. AGE (In	yrs, lest bi		IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year)			1007	Count			
	9e. FACILITY NAME (If not institution, give street and number)						96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEA							
E	681 Owensvi		Road			"			ille					inde1
5	RESIDENCE OF DECEDENT				L									
DIRECTOR	10a. STATE 10b. COUNTY MD Anne Arundel			- '	IOc. CITY, TO	alesv							10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
	10e, STREET AND NUMBER						1165		IP CODE			10g. CIT	IZEN OF 1	WHAT COUNTRY?
FUNERAL	681 Owensville Road								20765			US	SA	
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 X			U.S. ARME	0			IDENT OF HISPAN			or No-	14. RACI	E — American Indian, k, White, stc.	
ВУ	1 Never Merried 2 3 Widowed 4 Divo		IF YES, GIVE V						NO Specify		1, 0100)		Spec	
		EDENT'S EDU		ATION 16a, DE			AL OCCUP	ATION		18b. KIN	D OF BUS	SINESS/IN	DUSTRY	***************************************
COMPLETED	(Specify onli Elementary/Secondary (C	y highest grade 0-12)	College (1-4 or 5	+)	(Give	kind of work NOT use ret	done during ired.)	most o	of working					
MPL	8				hou	sewif	e				_			
00	17. FATNER'S NAME (First, M							1	18. MOTNER'S NA					
BE	William E		Morelan	d	405.4	444 100 400	DECC (De-		Matt:			More		
2	190. INFORMANT'S NAME (1	n			190, 8				above	noute number, t	JRY OF IOW	n, State, 21	p Cooe)	
	20e. METHOD OF DISPOSIT		oval from State	20b.	PLACE OF other place	DISPOSITIO	N (Name o	cemet	tery, crematory or		1	CATION -	-	
4 Oonston 5 Other (Specify) Mt. Zion UM Church Cemetery Lothian (2)							(AA	AA) MD						
	1//-	Mex	al 1	Phy	1				h Funer		e	Owin	gs, l	MD 20736
	A PART I. Enter the d	iseases, or o	complications the	t caused	the deat	h. Do pot	enter the	mode	of dying, auc	h as cardiac	or resp	iratory e	rreat,	Approximate Interval Batween
IMMEDIATE CAUSE (Final							Onset and Death							
	disease or condition resulting in death)	\rightarrow	Mari	WVC	ea	WN	mino salace							
_	DUE TO (OR AS A CONSEQUENCE OF): Cardiovascular disease hars													
MEDICAL CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
CA	ceuse. Enter UNDERLY CAUSE (Disease or Inju		C											1
	that initiated events resulting in death) LAS	т	OUE TO	(OR AS A	CONSEQU	ENCE OF):								
CE		_	d										1	
¥.	PART II. Other significe	ent condition	s contributing to	death bu	it not res	ulting in ti	he under	lying o	ceuse given in	Part I. 24	PERFO	AUTOPSY	24	MAILABLE PRIOR TO
Ö		2								1	YES 2	CV6		OF DEATH?
	-	/								—				1 TES 2 NO
IAN	25. WAS CASE REFERRED T	TO MEDICAL					2	6. PLAC	CE OF DEATH (Ch	eck only one)			_	
Sic	1 YES 2 NO		HOSPITAL:	☐ ER/Outps	stient 3 🗆		THER: Nursing	Nome	5 Residence	8 Other (S	pecify)			
PHYSICIAN:	27. MANNER OF DEATH		28e. OATE Of (Month, I	F INJURY Day, Year)	:	286. TIME OF		WORK		28d. DESCRI	BE HOW	INJURY Q	CCURED	
B⊀	1 Metural 5 2 Accident	Pending investigation							S 2 NO		VU	1	nys	Weg
	3 Suicide 6 S	Could not be	28e. PLACE 6 building	of INJURY -	— Al home	, farm, stree	t, factory,	office		28t, LOCATIO	ON (Street own, State)	and Numb	or of Rural	Route Number,
	29a, CERTIFIER				_/ \	0 1	M		7	(Contract)				
COMPLETED	Control Only		CIAN: To the best of						7					(e) and manner as stated.
	290. SPARTED AND THE		1111	11	_	111	4		29c. LICENSE NUI	4011114			TE SIGNE	
BE	Mar	Ul.	10-11	er	5	In		>	115	71		•	7	119190
٤	30. NAME AND ADDRESS O	F PERSON NI	O COMPLETED CAL	ISE OF DEA	тн (тем :	27) (7 <u>) jy</u>	4		11	0			11	1/1
	04 DATE #4 #0 // -	Mont		ADIC 2: 1	WINE C									,
	JUL 2 3 1990													

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detachy be fled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ical
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	1 - STATE OF MA		MENT OF HEALTH AND	MENTAL HYGIENE REG. NO. 7	-26-90 04:55am			
V.	1. DECEDENT'S NAME (First, Middle, Last) OTTO LUTH	Carl		2. DATE OF DEATH MONTH DAY 7-26-90	YEAR 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 214-32-7368 1	8. AGE (in yrs. lest birthday) IF 82 YRS. MO	7. DATE OF BIRTH (Month, Day, Year) 12/16/1907	8. BIRTHPLACE (State or Foreign Country) Maryland ITY OF DEATH				
DIRECTOR	Dorchester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester General Hornester G	Cambridge		orchester				
	Maryland Dorchester		own on Location oridge	10d. INSIDE 6 LIMITS? 1 YES X				
FUNERAL	10e. STREET AND NUMBER Maple Dam Road		101. ZIP COOE 21 61 3	n comment				
ВҰ	11. MARITAL STATUS 1 Never Married 2 Married 3 Midowed 4 Olvorced 12. WAS OECEDENT FORCES? 1 IF YES, GIVE WA	EVER IN U.S. ARMED YES 2/VNO R OR DATES	13. WAS DECENDENT OF HISPAL If yes, specify Cuban, Maxicu 1 YES 2 NO Specifi		14. RACE — American Indian, Black, Whita, atc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elemantary/Secondary (0-12) College (1-4 or 5 +)	16a. DECEOENT'S USI (Give kind of work Me. Do NOT use re	16b. KIND OF BUSINESS/IND	USTRY				
MO	17. FATHER'S NAME (First, Middle, Last)		ME (First, Middle, Malden Sumame)	·e				
BE C	Godfrey Luthy			te Groetter				
5	19a. INFORMANT'S NAME (Type/Print) Flora Knauer		and a second second	Route Number, City or Town, State, Zip abridge, MD.	1116			
	20a. METHOD OF DISPOSITION 11/2 Burlai 2 Cremation 3 Removal from State	7	ON (Name of cemetery, cremetory or	20c. LOCATION —				
	Creek, Md.							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FA	Thomas Fun St. Cambridg	eral Home e, Md. 21613			
CERTIFICATION	23. PART / Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Hypertension DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
MEDICAL	PART II. Other significant conditions contributing to a Congestive Hear	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF OEATH (C)	neck only one)				
Y PHYSICIAN:	1 VES 2 NO 1 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Connected 2 Conne	ER/Outpatient 3 DOA 4 NJURY 28b, TIME 0	Nursing Home 5 Residence PF 28c. INJURY AT	8 Other (Specify) 28d, OESCRIBE HOW INJURY OCC	CURED			
ETED BY	3 Suicide 28e. PLACE OF	INJURY — At home, ferm, stre tc. (Specify)	et, factory, office	28t, LOCATION (Street and Number City or Town, State)	or Rural Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of ax	emination and/or investigation,	In my opinion, death occured at the	time, data and piece, and dua to th				
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER Wichael a. Mushavic 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS	no.		609 >7	E SIGNED (Month, Day, Year) 26 90			
	MICHAEZ A. MOSILEZA	ncz mo	. 503 BYRN	ST. CAMBEI	GE NO.			
	31. DATE FILEO (Month, Day, Year) 32. REGISTRAL 30 '90	Julia Davidson-Ru	ndell					



DHMH-16 Rev 1/89

	TO THE HISPITEL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or remove	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical
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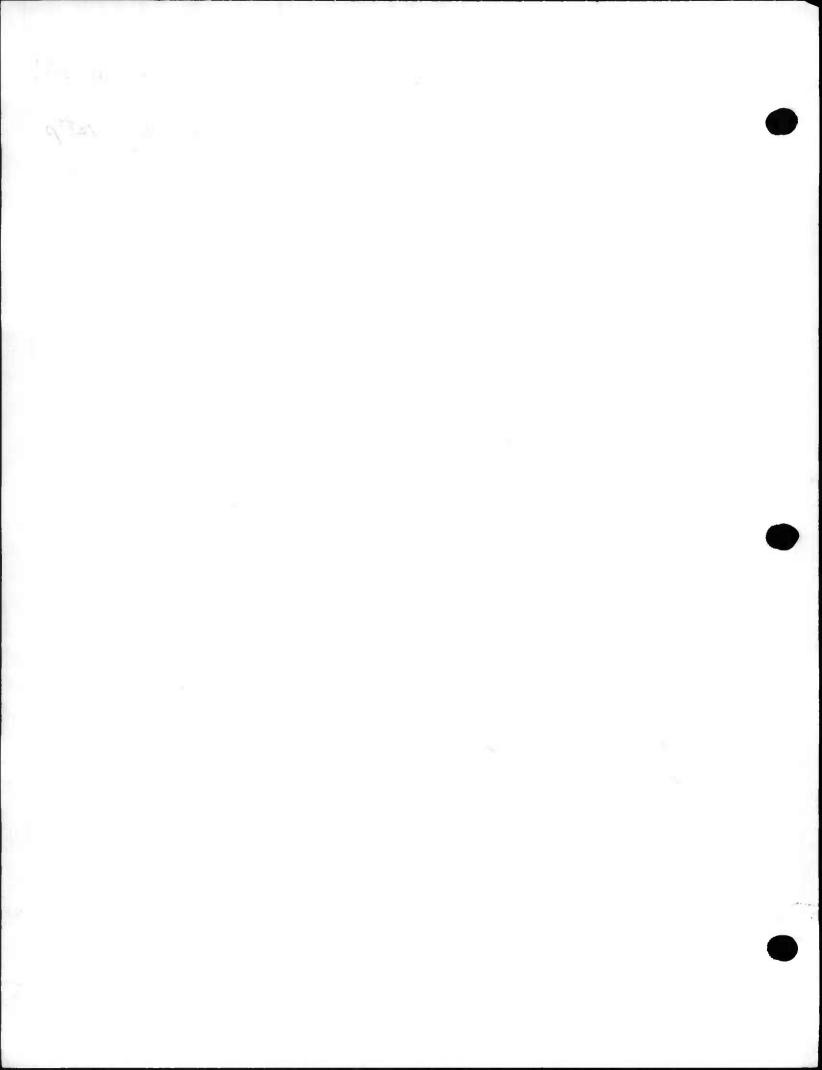
	1 - STATE REGISTRAR	CE	RTIFICAT	E OF DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) HENRY LEE	WIGGINS			2. DATE OF DEATH MONTH DA	10	ar 9.5 A M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest	birthday) IF UNDE	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		SIRTHPLACE (State or Foreign Country)	
	9a. FACILITY NAME (If not institution, give str			Y. TOWN OR LOCATION OF DI	04/04 40	9c. COUNTY	USA .	
DIRECTOR	Holy Cyous	Lospital	S	lver Spri	ng .	Mon	t.	
E E	10d. INSIDE CITY LIMITS?							
	1 YES 2 NO							
FUNERAL	4546 Kinmont	Rd.		20706		10g. CITIZEN	OF WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 ☐ YES 2 X N IF YES, GIVE WAR OR DATES	0	WAS DECENDENT OF HISPAI If yes, specify Cuban, Mexica 1 ☐ YES 2 NO Specif	an, Puerto Rican, atc.)			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	completed) (Gi	CEDENT'S USUAL C	during most of working	18b. KIND OF BUS	SINESS/INDUST	RY	
	Elementary/Secondary (0-12) 0-12	College (1-4 or 5+)	Do NOT use retired.)					
OMP	17. FATHER'S NAME (First, Middle, Last)	2A	ccountan		Master ME (First, Middle, Maiden		nn	
ШС	Michael V. Wiggi	lns			Lee White			
TO B	19a. INFORMANT'S NAME (Type/Print)		. MAILING ADDRES	S (Street and Number or Rural			te)	
F	Shirley Wiggins			nmount Road				
	20g, METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 Remo	ovel from State other pla	ice)	ame of cemetery, crematory or			or Town, State	
	4 Donation 8 Other (Specify) 21. SIGNATURE OF IGNERAL SERVICE SIGNATURE	Linco		rial Park NAME AND ADDRESS OF FA	VCILITY Wa	shingt	on, D.C.	
	The or	A Million 88:		obert G. Mas				
-8	23. PART . Enter the placeasee, or c	N UGO		661 Good Hop the mode of dying, suc	e Road, S.	F. Wa	sh. D.C. 20020 Approximata	
,	shock, of heert feilure. I	List only one cause on each line.		liarxhoeoc			Interval Between	
NOI	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEC	DUENCE OF):					
2	ceuse. Enter UNDERLYING CAUSE (Diseese or injury							
CERTIFICATION	that initiated events resulting in desth) LAST	DUE TO (OR AS A CONSEC	DUENCE OF):					
	PART II. Other algnificent conditions	contributing to deeth but not re	eaulting in the u	nderlying cause given in			24b. WERE AUTOPSY FINDINGS	
DICAL	Crypto	coccal Meni	mgitis		PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ME	Possible	Lymphoma			_		1 TES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	07110	28. PLACE OF DEATH (C)	heck only one)			
YSI	1 TES 2 NO	1 Inpatient 2 ER/Outpatient 3		rsing Homa 8 - Residence	· · · · · · · · · · · · · · · · · · ·			
у РНУ	27. MANNER OF DEATH 17. Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28¢. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCUR	ED	
3 Suicide 8 Could not be determined 4 Homicide 28. Could not be determined							Rurel Route Number,	
COMPLET	(Chock thily	CIAN: To the best of my knowledge, de R: On the besta of axemination and/or i					ause(a) and manner as stated.	
8E	296. SIGNATURE AND TITLE OF CERTIFIER	manarty 1	nD Kajer	29c. LICENSE NU Paymanente D38	MBER 139	29d. DATE St	GNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO		M 27) (Type, Print)		1	/	1	
	SITA KRISHNAMOORTHY, MD - 8300 CORPORATE DRIVE, LANDOVER, MARYLAND 20785							

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician. The FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	1 - FOR STATE REGISTRAR	E OF MARYLAND	/ DEPARTMEN			MENTAL HYG		
,	1. DECEDENT'S NAME (First, Middle, Last)	/ 1- / 1				2. DATE OF DEAT	DAY YE	3. TIME OF DEATH
	***	ightner					17 90	
ļ	4. SOCIAL SECURITY NUMBER 5. SEX 1 □ M	2 DF 74	YRS. WONTH	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI (Month, Day, Ye	er)	BIRTHPLACE (State or Foreign Country)
1	9a. FACILITY NAME (If not institution, give street and no	7 4		TY. TOWN O	R LOCATION OF DE		25,1915	
5	P.g. Husp, Ctr.		The second second	chen			P	9
DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY		10c. CITY. TOW	1 00 1 0047				10d. INSIDE CITY
E I		7.0.000				LIMITS?		
	Maryland Prince (100. STREET AND NUMBER	seorges	Forre		ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	301 Iron Forge Road			2	0747		Unite	d States
5 S	11. MARITAL STATUS 12. WAS	DECEDENT EVER IN U.S./ CES? 1 TYES 24	ARMED 1		ENDENT DF HISPAN		ly Yes or No- 14.	RACE — American Indian, Black, White, etc.
BY		S, GIVE WAR DR DATES		1 TYES	2 XNO Specify	7		specify: Black
	15. DECEDENT'S EDUCATION	18a.	DECEDENT'S USUAL	OCCUPATIO	N	16b. KIND O	F BUSINESS/INDUST	TRY
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College	(1-4 or 5+)	(Give kind of work dor life, Do NOT use retired	ne during mo: f.)	st of working			
MP	th	Re	tired- Ho	ousek		Priva		
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, M	alden Sumame)	
BE	Zack Grier 19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRE	SS (Street a		e Lilly	v Town State 7in Co	rial .
임	Marcella Gant	-+	Same a			iodio rramos, otty	r totti, otolo, Ep oo	
	20s. METHOD OF DISPOSITION	20b. PLA	CE OF DISPOSITION			20	c. LOCATION — City	y or Town, State
	1 N Burial 2 Cremation 3 N Xemoval from 4 Donation 6 Other (Specify)	Suite	100				ester,So	uth Carolina
Ì	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	10			er's Fund		10	
	M. J.	Men						ashington,D.C
	23. PART I. Enter the diseases, or complication shock, or heart failure. List only			er the mo	de of dying, suc	h aa cardlac or	reapiratory arrest	t, Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	Mardon n	4		4	_		Onset and Death
	reaulting in death) s/	DUE TO (DR AS A CON	SEDUENCE OF	7	MITELAT	-		
z	C . 4	Gardie Pa DUE TO (DR AS A CON Expertenser	ie areli	- Scer	indie Co	welle 185	C. A-2013	se
일	If sny, lesding to immediate	DUE TO (OR AS A CON	SEOUENCE OF):					
2	cause. Enter UNDERLYING CAUSE (Disesse or Injury	DUE TO (DR AS A CON	SEQUENCE OF:					
CERTIFICATION	that initiated events resulting in deeth) LAST		,					
	PART II. Other significent conditions contril	hutles to death but s	ot no sultime in the	and articles	n acusa aluan In	Book I Jacobs	AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
CAL		edus	or readiting in the	underlyin	g ceuse given in	PI	ERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	poster / NCC					_ '''	ES 2 ND	OF DEATH?
Σ :						_		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSP	TAL.	Lozu		ACE DF DEATH (Ch	eck only one)		
YSI	17 YES 2 □ NO 1 □ Inp	atient 2 ER/Outpatien		Nursing Hom	e 5 🗆 Residence			
E	27. MANNER OF DEATH 28s	Month, Day, Year)	28b. TIME OF INJURY		URY AT PRK? YES 2 ND	28d, DESCRIBE	HOW INJURY OCCUP	RED
BY	2 Accident Investigation 3 Suicide 6 Could not be	PLACE DF INJURY — A	t home, farm, street,		777	28t. LOCATION (Street and Number or	Rural Route Number,
COMPLETED	4 Homicide determined	building, etc. (Specify)				City or Town,	State)	
F	29s. CERTIFIER (Check only	the best of my knowledge	, death occurred at th	ne time, date	and place, and dua	to the cause(s) sr	nd manner as stated.	
NO.	one) 2 MEDICAL EXAMINER: On the	basis of examination and	l/or investigation, in n	ny opinion, d	eath occured at the	time, data and pla	ice, and due to the o	cause(s) and manner as stated,
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	0			29c. LICENSE NUI			SIGNED (Month, Day, Year)
TO B	Linas Wes	my my			D1716	2_	7	117/91
	30. NAME AND ADDRESS OF PERSON WHO COMPL	MD 9	(11 EM 27) (Type, Print)	DIN	Herry	Opnes	month	17/91 (00 MOZITE
	JUL 25 90	REGISTRATE SIGNATOR	indell.					



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or removal.	medical
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burial,	atic even
prior to	traun
Aygiene	r other
Mental	njury, o
th and	s any Injury
of Heal	hows
Sept.	23 \$

31. DATE FILED Pholing, Dis Pour)

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	1 - FOR STATE REGISTRAR	STATE OF I			TMENT OF I				YGIENE	E		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH	Y	YEAR	3. TIME OF DEATH
	Virginia Mae Lon	g						July	24	4, 19	990	5:25 рм
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.			24 HRS.	7. DATE OF BIRTH S. BIRTHPLACE (State (Month, Day, Year)			PLACE (State or Foreign		
	578-42-5452	1 M 2 T F	12 F 57 YRS. ■			HOURS	MIN.	Ju1v		933		land
	9e. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TOWN	OR LOCATIO	ON OF DE				NTY OF DE	
OR	Malcolm Grow Med	lical Ce	nter		Andrews	Air l	Force	e Base		Pri	nce (George's
DIRECTOR	RESIDENCE OF DECEDENT			I a air	Y. TOWN OR LOCA							
HE			1 .	11,51,000	.,							10d. INSIDE CITY LIMITS?
									1) YES 2 NO			
The street and number and significant of the street and number and significant of the street and number and significant of the street and number and significant of the street and number and significant of the street and number and significant of the street and number and significant of the street and number and significant of the street and number and significant of the street and number and significant of the street and number and significant of the street and number and significant of the street and number and significant of the street and number and significant of the street and number and significant of the street and number and significant of the street and number and significant of the street and number and significant of the street and number and significant of the street and number and significant of the street and significant of the street and significant of the street and significant of the street and significant of the street and significant of the street and significant of the street and significant of the street and significant of the street and significant of the street and significant of the street and significant of the street and significant of the street and significant of the street and significant of the street and significant of the street and significant of the street and significant of the street and significant of the street and significant of the street and significant of the street and significant of the street and significant of the street and significant of the street and significant of the street and significant of the street and significant of the street and significant of the street and significant of the street and significant of the street and significant of the street and significant of the street and significant of the street and significant of the street and significant of the street and significant of the street and significant of the street and significant of the street and significant of the street and significant of the street and significant of the street and significant							HAI COUNTRY?					
Ä												
3	11. MARITAL STATUS 1 Never Married 2 X Merried		YES 2X		If yes, s	ecify Cuba	n, Mexica	IIC ORIGIN? (S n, Puerto Rica		or No	Black	- American Indien, White, atc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES		1 TYE	2 X NO	Specify	<i>l</i> :			Specif	White
	15, DECEDENT'S EDUC	ATION	16a E	ECEDENT'S	USUAL OCCUPATI	ON		19h KII	ID OF BUS	UNESS/INI		
I	(Specify only highest grade	completed)		Give kind of fe. Do NOT u	work done during m	oat of working	g	1000	0. 200			
P	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Home	maker					N/A		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	IER'S NA	ME (First, Midd	le, Melden	Surneme)		
WIIIIam WIIIord Dergiing Levenia L. Uptnegrove							e					
Herbert J. Long 6608 Hallam Dr. Upper Marlboro, Maryland 207							1 20772					
20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cameters, crematory or 20s. LOCATION — City or Town.							wn, Stata					
1 X Buriel 2 Cremation 3 Removal from State 4 Donation S Other (Specify) Maryland Veterans Cemetery Chelteni						tenh	am, N	Maryland				
	21. SIGNATURE OF FUNERAL BERVICE LIC	ENSEE	0		22. NAME A				,	2 77		
	Hearnos	- 18ak	(01			_		alas F				W1 007/F
	23. PART I. Entar the diseases, or o	omplications th	at causad tha	daath. Do				i 11 Rd				Md. 20745 Approximate
	shock, or heart fallure.	List only one ca	use on aach lie	ne.		•						Interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition	Hypog.	lvoomia									
	resulting in death)	Hypog.	O (OR AS A CONS	EOUENCE (DF):							-
7					g Cancer	,						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONS	EOUENCE C	OF);							
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	C										
E	that initiated events	DUE TO	OR AS A CONS	EOUENCE (OF):							
E	resulting in death) LAST	d										
_	PART II. Other significant condition	s contributing to	o deeth but not	t resulting	In the underlyi	ng ceuse	given in	Part I. 24	e. WAS AN		24b	WERE AUTOPSY FINDINGS
S									PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED								'	1E3 4	OF NO		OF DEATH?
Σ								-				1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				26.1	PLACE OF D	EATH (Ch	neck only one)				
SCI	EXAMINER? 1 YES 2 XNO	HOSPITAL:	☐ FR/Outnotient	3 🗆 DOA	OTHER:				inec/ful			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28e. DATE O	F INJURY	2Sb. TI	ME OF 28c. II	JURY AT	earder Ice	2Sd. DESCR		NJURY O	CCURED	
	1-XNatural 5 Pending	(Month,	Day, Year)	10		YES 2	NO					
2 Accident Investigation 2 Accident Investigation 28a PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number)					Route Number,							
TEC	4 Homicide determined	bunding	j, atc. (Specify)					City or	lown, State)			
J.E	29e. CERTIFIER (Check only	CIAN: To the best	of my knowledge,	death occur	rred at the time, da	a end place	, end dus	to the ceuse	(e) end me	nner ee st	ated.	
COMPLETED	one) 2 MEDICAL EXAMINE											s) end manner ee stated.
	295, SIGNATURE AND TITLE OF CERTIFIE		+			29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
BE	1/3	OV								▶ .т	1117 3	24. 1990

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Malcolm Grow USAF Medical Center SUSAN C. BRUNSELL, Capt, USAF, MC Andrews Air Force Rase MD 20331.

4 23 KHE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGHT OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH OF THE SIGH

▶ July 24, 1990

Andrews Air Force Base, MD 20331-5300

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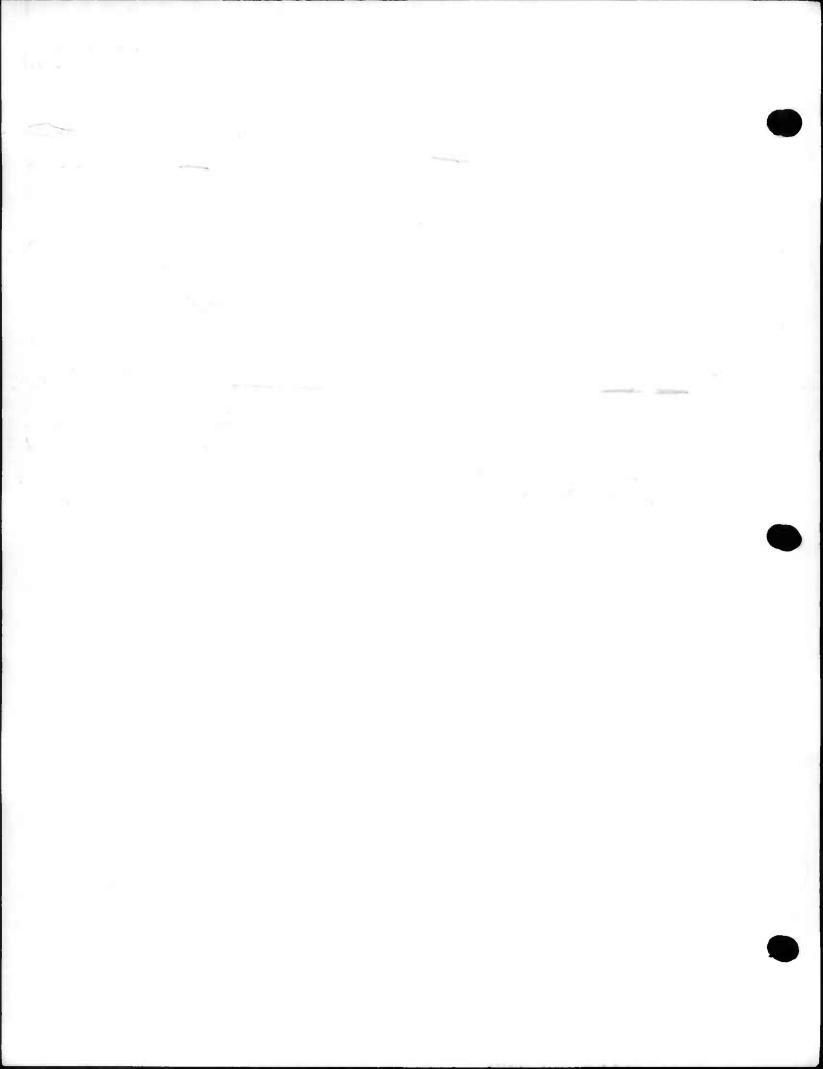
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Q	A A	r de	69
H	E	afte	28
TO THE HIGHTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal	IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical
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/ 岩	出	filed	20
P	2	8	E

31. DATE FILEO (Month, Day, Year)

JUL 25 '90

1. DECEDENT'S NAME (First,	Middle, Last)								DATE OF	DA	ν	YEAR	3. TIME OF DEATH
JA	MES	0.	LEAC	CH				1 "	07	20		90	3:20
4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (lo yra. jast birtho	my) IF UND	ER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. 0	Month, De	BIRTH sy, Year)]	927	8. BIRTH Count	IPLACE (State or Foreign
246-24-1756	246-24-1/36 1XXV 2 F P PRS.							Ma	0.1	3 300	6		ton, N.C.
9e. FACILITY NAME (If not in	stitution, give a	street end number)			9b. Cf	ry, town	OR LOCATION OF D	DEATH 9c. COUNTY OF DEA					
PRINCE GEORGE'S HOSPITAL CENTER RESIDENCE OF DECEDENT 100. STATE 100. COUNTY Maryland P.G.						CHEVERLY				PRINCE			GEORGE'S
10a. STATE	10b. COUNT	Υ		10c.	CITY, TOWN	OR LOCA	TION						10d. INSIDE CITY
Maryland	P.G.			Hy	attsv	ille							LIMITS?
10e. STREET AND NUMBER						10	1. ZIP COOE				10g. CIT	IZEN OF	WHAT COUNTRY?
5006 60th	Avenu	e					2078	1			U.S	5.A.	
11. MARITAL STATUS		12. WAS DECEDED			1:		CENDENT OF HISPA				or No-	14. RAC	E — American Indien, ik, White, etc.
1 Never Merried 2 Nover 3 Widowed 4 Divo		FORCES?		2 NO			pecify Cuban, Mexic S 2 NO Speci		erto Mice	n, etc.)		Spec	elfy:
7.50-2.1							21	_					lack
	EDENT'S EDU y highest grade			(Give kin		e during me	ON ost of working		16b. Kil	ND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0 9th	0-12)	College (1-4 or 5	+)	Floor					Dru	g Sto	ore (Chai	n
17. FATHER'S NAME (First, M	ticidio (ast)					0	18. MOTHER'S NA	AME //					
Joka Jasch		mes Leac	h				Helen-					ann E	Purcell
19a, INFORMANT'S NAME (7	Type/Print)			19b. MAI	LING ADDRE	SS (Street	and Number or Rurel	l Route	Number,	City or Town	n, State, Zi	lo Code)	-
Helen Lead	h			5006						lle,			81
200 METHOD OF DISPOSIT			201	. PLACE OF DI	SPOSITION (Name of ce	metery, cremetory or			20c. LO	CATION -	- City or To	own, State
1 N Buriel 2 Cremetic		noval from State	_ Ha	other plece)	Mem.	Ceme	tery			La	ndove	er, l	Md.
21. SIGNATURE OF SUNERA	L SERVICE LI	CENSEE	-1		3	NAME A	no Appress of F	ACILIT	γ ₂₀ 1	Home	^		
100		9.	1	000	. 1						_		
23 DADT Enter the d	Danson or	complications th	of college	d the death	-	4217	9th St		A + N	1.7	1.72	مام ا	- A D O
					Do not and								gton, D.C.
	eart failure.	List only one ca			Do not ant		ode of dying, au						Approximate Interval Betw
iMMEDIATE CAUSE (Fir disease or condition			use on a	ach Ilna.		er the m	ode of dying, au						Approximate
IMMEDIATE CAUSE (Fir		Bra	iuse on a	S (Tr	n 1	er the m	ode of dying, au						Approximate Interval Betw
iMMEDIATE CAUSE (Fir disease or condition resulting in death)		Bra	iuse on a	ach Ilna.	n 1	er the m	ode of dying, au						Approximate Interval Betw
iMMEDIATE CAUSE (Fir disease or condition resulting in death)	tions,	Baa DUE TO	O (OR AS	S (Tr	EE OF):	er the m	ode of dying, au						Approximate Interval Betw
iMMEDIATE CAUSE (Fir disease or condition resulting in death)	tions, addata	Baa DUE TO	O (OR AS	S (TV) A CONSEQUENCE	EE OF):	er the m	ode of dying, au						Approximate Interval Betw
iMMEDIATE CAUSE (Fir disease or condition resulting in death)	tions, addata	b. DUE TO	O (OR AS	S (TV) A CONSEQUENCE	CE OF):	er the m	ode of dying, au						Approximate Interval Betw
iMMEDIATE CAUSE (Fir disease or condition resulting in death)	tione, dilete ing	b. DUE TO	O (OR AS	S (TV) A CONSEQUENCE	CE OF):	er the m	ode of dying, au						Approximate Interval Betw
immediate cause (Fir disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	nei	B. DUE TO DUE TO DUE TO d.	O (OR AS A	A CONSEQUENT	CE OF):	or the many	ect	ch as	cerdiac	c or respl	ratory si	rrest,	Approximate Interval Betwo
immediate cause (Fir disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	nei	B. DUE TO DUE TO DUE TO d.	O (OR AS A	A CONSEQUENT	CE OF):	or the many	ect	ch as	cerdiac		ratory si	rrest,	Approximate Interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
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TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR	CI	ENTIFIC	ALE OF	DEALL	RI	EG. NO.			
1. DECEDENT'S NAME (First, Middle, Lest)		1 .			2. DATE OF D	EATH DAY	,	YEAR	3. TIME OF DEATH
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4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (in yrs. las		UNDER 1 YEAR		7. DATE OF B		7	8. BIRTH Countr	IPLACE (State or Foreign
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9e. FACILITY NAME (If not institution, give street and number)	96	. CITY, TOWN	OR LOCATION OF DEAT				NTY OF D	EATN
Peninsula General Hospi	tal		Salis	oury			W	icom	ico
10e. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCA	TION					10d. INSIDE CITY
MARYLAND WICOMIC	0	S	SALISBU	JRY					LIMITS?
10e. STREET AND NUMBER			10	I. ZIP CODE			10g. CITI	ZEN OF V	WHAT COUNTRY?
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	- MEA	AT DEPT	. WEIG	SH& WRAP		GR	OCE R	Y	
17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NAME	E (First, Middle	, Malden S	Sumame)		
GEORGE DEWEY	BRITTING	HAM		SALLIE	EL	IZAB	ETH	MA	SSEY
19e. INFORMANT'S NAME (Type/Print)	19	b. MAILING AD	DRESS (Street	and Number or Rural Ro	ute Number, C	ity or Town	, Stete, Zig	Code)	
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20e. METNOD OF DISPOSITION 7/24/90 1X Burlel 2 Cremetion 3 Removal from Stat	20b. PLACE			metery, crematory or		20c. LOC	CATION —	City or To	own, State
4 Donetion 5 Other (Specify)	WICON	iico me	MORIAI	PARK		SA	LISB	URY,	MD 21801
21. SIGNATURE OF FUNERAL SERVICE LICENSEE				ND ADDRESS OF FACIL		ME D	A .		
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IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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3 Silvia harles 31. DATE FILED (MORE) 90%

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emoval. Ilical examiner must be notified at once.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal. IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
by the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
after death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.7 nours after death. Page 6 may be retained by the hosp

BE CON

2

29b. SIGNATURE AND TITLE OF CERTIFIER

Hill

Thomas C.

31. DATE FILED (Month, Day, Year)

20 90

Thomas & Helf A. Dep. Med. Exam.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

hia Daviston Randalle

_	1 - FOR STATE REGISTRAR	SIAIE UF N	/MARYLAND /			OF HE			MENTAL	REG. NO.			1.74
	1. DECEDENT'S NAME (First, Middle, Last)	r - 1							2. DATE O	DAY		YEAR	TIME OF DEATH
	Ruth Evelyn	Lokey	6. AGE (In yrs. les	- 6 f- 6 f- 6 f 1	IF UNDEF		IF UNDER			y 18		_	1250
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OR	P.G.H.M.C.	TY NAME (If not institution, give street and number)						ON OF DE	ATH			TY OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MD W:	icomico				or Locatio							Od. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	10e. STREET AND NUMBER 121 Carolyn Ave. 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION 16e. DECEDENT'						180					J.S.	AT COUNTRY?
BY						WAS DECEN If yes, speci 1 YES 2	fy Cubai		n, Puerto Ri	(Specify Yea o	r No 1	14. RACE - Black, 1 Specify:	- American Indian, White, atc. White
COMPLETED					work done ise retired.)	during most				elmar			r
	17. FATHER'S NAME (First, Middle, Last) George	М.	Vincer			-	B. MOTH		ME (First, Mi	ddle, Maiden Si	umame)	Tic	е
TO BE	19a. INFORMANT'S NAME (Type/Print) William Loke	У	10							r, City or Town, Sbury			801
	20s METHOD OF DISPOSITION 1 Burlal 2 Crambion 3 Ram 4 Donation 5 Other (Specify)	oval from State				ame of cemel demon					isbu		
	21. SIGNATURE OF FUNERAL SERVICE LIC	0/30	une	X-	E		ls F	une	ral				ry, MD
	23, PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List Drily one cau a. Asphy	ise on aach lin	B.		r the moda	of dyl	ng, sucl	h aa cardi	ac or reepin	atory arre	at,	Approximate Interval Between Onset and Daniel 88 hrs
NO	Sequentially list conditions,	b	(OR AS A CONSE										
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	(OR AS A CONSE										
_	PART II. Other significent condition	d	deeth but not	resulting	In the u	nderlying	CAUSA C	dven in	Part I	24a, WAS AN A	ITTOPEV	24b V	VERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL										PERFORM 1 TES 2	IED?	6	MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
ÿ													
SICE	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO	HOSPITAL:	7.500		OTHE	R:			eck only one				
HXS	27. MANNER OF DEATH	28a, DATE OF	INJURY	28b. TH		28c. INJUF WORI	TA YE	sidence	28d. DES	CRIBE HOW IN			
0	1 Natural 5 Pending 2 Accident Investigation	7/14		210)O M	1 🗌 YE] NO					
ВУ Р	Natural 5 Pending 7/14/90 2100 M 1 YES 23 No deceased him of												

29c. LICENSE NUMBER

Jr. 108 Pine Bluff Road, Salisbury,
32 REGISTRAR'S SIGNATURE

D 08008

DHMH-18 Rav 1/89

18 1990

29d. DATE SIGNED (Month, Day, Year)

July

10 1105

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	_	1	
BALLIMORE, MARYLAND 21203-3146	in a Surs after death. Page 6 may be retained by the hospital or attending physician.	Iffed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Preserving on removal.	
AND	the hospit	detached	
MAHYL	retained by t	should be	
Į,	nay be	page	
MOH	Page 6 n	director	
AL	death.	funeral	
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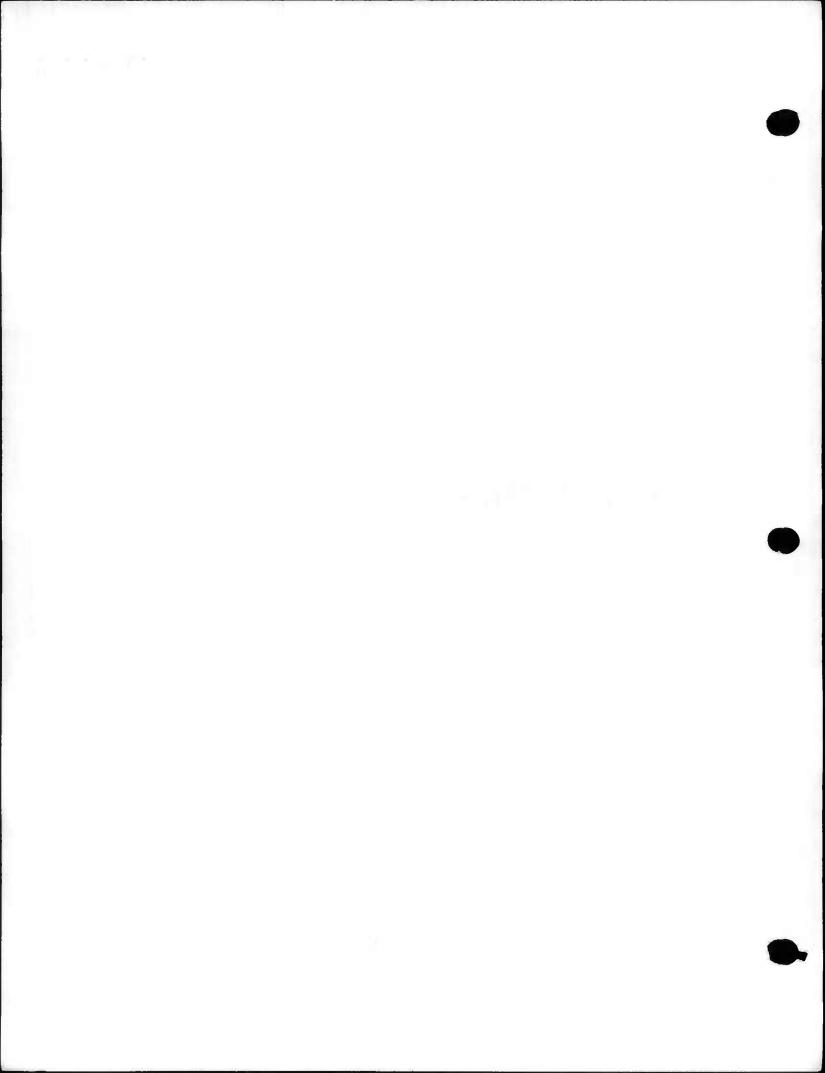
TO BE COMPLETED BY FUNERAL DIRECTOR

Î	. Page 6 may be retained by the hospital or	ral director, page 5 should be detached for		iner must be notified at once.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Cours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for it	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

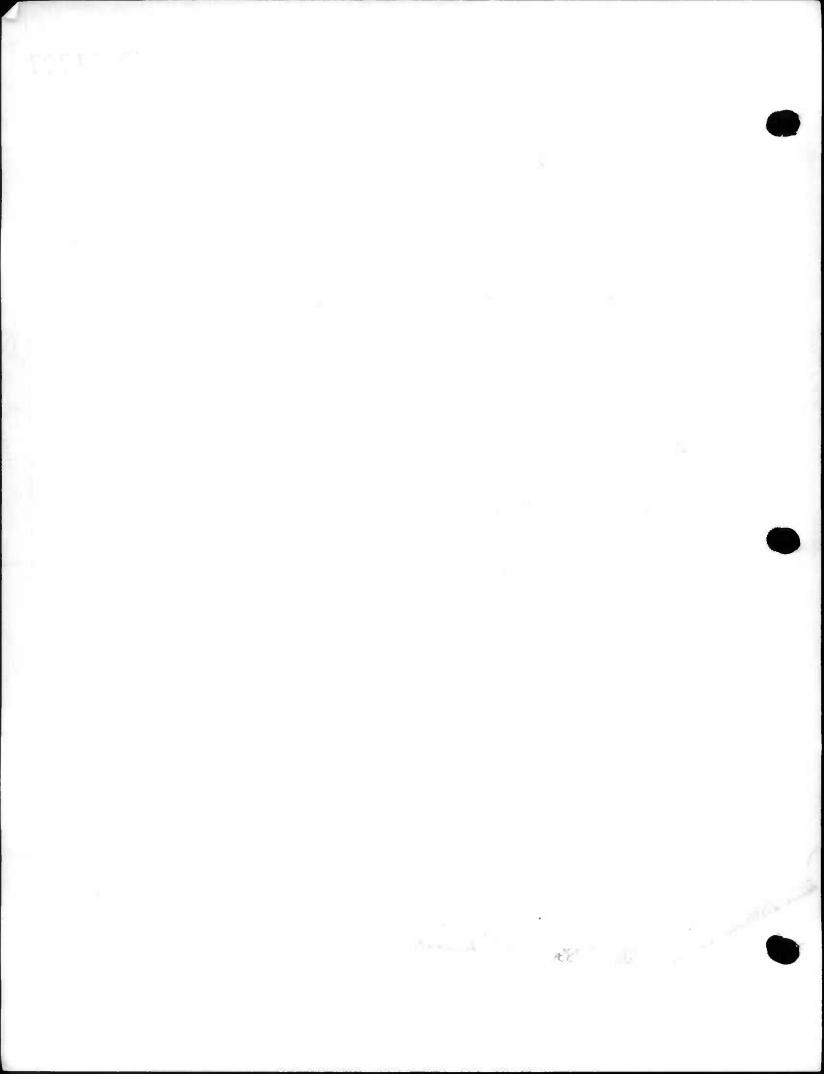
1 - STATE REGISTRAR	SIMIL OI	CI		ICATE (MENIM	REG. NO.				
1. DECEDENT'S NAME (First, Middle, L	ast)							OF DEATH			3. TIME OF DEATH	
William		Michael		Lyd	ic		7-1	6-90 DAY		YEAR	12:37AM	М
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	l birthday)	IF UNDER 1 Y		DER 24 HRS.	7. DATE	OF BIRTH		6. BIRTH	PLACE (State or Foreig	n
212-88-0863	1 🔀 M 2 🗌 F	25	YRS.	MONTHS D	AYS HOUR	IS MIN.		n, Dey, Year) - 19 19	364	Mar	yland	
9e. FACILITY NAME (If not institution,	give street end number)			9b. CITY, TO	OWN OR LOC	ATION OF DE			9c. COUR	NTY OF DE	ATH	
Peninsula Gene	_	al		Sa	lisbu	ry			Wico	omico	County	
10e. STATE 10b. CO			10c. CIT	Y, TOWN OR I	LOCATION					Т	10d. INSIDE CITY	=
77 (23.16)	icomico			illa							LIMITS?	
10a. STREET AND NUMBER	100,11100		1 "	ITTIG	101. ZIP C	ODE			10a. CITI	ZEN DE W	HAT COUNTRY?	
Rt. 1 Box	263 Bid	nardson	Вd		2	1874				.S.A		
11. MARITAL STATUS							IIC ORIGIN	I? (Specify Yes			American Indien, , White, etc.	
1 Never Merried 2 Married 3 Widowed 4 Divorced		NT EVER IN U.S. AF 1 YES 2 2 WAR OR DATES	NO	If ye	es, specify C	NO Specify	n, Puerto I				, white, etc. y: White	
15. DECEDENT'S (Specify only highest	EDUCATION	16a. DE	CEDENT'S	USUAL OCCL	JPATION	netrine.	18b	. KIND OF SUS	INESS/IND	USTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	+) //fe	. Do NOT us	se retired.)	ng most or wi	prong						
9		C	arpe	nter				Self	Em	ploy	/ed	
17. FATHER'S NAME (First, Middle, Las					1,000			Middle, Maiden S	Sumeme)			
Robert	Michael	Lydi	С		M	larga	ret	Fran	ices	W∈	ebb	
19e. INFORMANT'S NAME (Type/Print)								ber, City or Town				
Mr./Mrs. Rob	ert Lydio		Rt	. 1 E	Box 2	263	Will				and 2187	4
20e. METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremation 3 ☐	Removal from State	other p	(ace)	SITION (Name						City or To		
4 Donation 5 Other (Specify)		Ne	w Ho	pe Ce				Wi	lla	rds,	MD	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE OD			22. NA	ME AND ADD	DRESS OF FA	CILITY					
D. Keil	& Fry	epm		Вс	ounde	Fun	eral	Home	Sa	list	ury, MD	
IMMEDIATE CAUSE (Finel disease or condition resulting in daeth) Sequentially list conditions, if any, leading to immediate	DUE TO	ole injur O (OR AS A CONSE O (OR AS A CONSE	OUENCE O								Onset and D	eath
cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	d	O (OR AS A CONSE										
PART II. Other algorificent cond	ditions contributing t	o death but not	resulting	In the unde	erlying cau	se given in	Part I.	24a. WAS AN PERFOR LXXVES 2	MED?		WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? YES 2 NO	ISE
25. WAS CASE REFERRED TO MEDIC EXAMINER?					26, PLACE C	F DEATH (Ch	eck only o	ne)				_
1 XXES 2 NO	1 - Inpatient	ER/Outpetient	3 🗆 DOA	OTHER:	g Home 6	Reeldence	6 🗆 Othe	er (Specify)				
27. MANNER OF DEATH	26e. DATE C (Month,	Dey, Year)	26b. TIN	ME OF 28	Be. INJURY A	т	28d. DE	SCRIBE HOW II	NJURY OC	CURED	truck/100	-+
1 Natural 5 Pending	7-16-	-90		М	1 YES	2 XXV0	cont	rol/e	ecte	<u> </u>	truck/los) L
3 Suicide 6 Could no	X De buildin	OF INJURY — At hig, etc. (Specify)	ome, farm,	Road	y, office		28f. LOC	ATION (Street a or Town, Stete) O E OI	nd Number			24
- Carrolli Mark				210 010							Switch B	KU.
anal	PHYSICIAN: To the best AMINER: On the basis of											ed.
29b. SIGNATINE AND TITLE OF CER	THER		-		29c.	LICENSE NU	MSER		29d. DAT	E SIONED	(Month, Day, Year)	_
11/1/2	200					CME			>	7-1	(Month, Dey, Year) 6-90	
30. NAME AND ADDRESS OF PERSON ANN M. DIXON		USE OF DEATH (ITI	EM 27) (Type	L11 Pe	nn st	reet,	Balti	imore,	1D 21	201	7	VC
31. DATE FILED (Month, Day, Year)		RAR'S SIGNATURE	- A.	-delle					_			



TO THE HOSPITAL DR A
TO THE FUNERAL DIREC
be flied within 72 hours
IMPORTANT: If item

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India Or	1 for	
de Colo	tacher	CG.
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T Dalle	hould be detached for use as t	fled
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IIIay De let	, page	et be
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redu	een s	show
WE SW	has the	1 23
N: 1	State	iten.
SICIA	LECTOR; After this certificate has been is after death with the State Dept. of	d, or
E PH	er this	arke
NON	R: Afte	ls m
ATTE	RECTOR: A	m 28 is marked, or item 23 shows any injury, or other i

1	FOR STATE OF MA REGISTRAR	RYLAND / DEPARTM CERTIFIC	IENT OF HEALTH AND M ATE OF DEATH	IENTAL HYGIENE REG. NO.	E	
į	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DAY	Y YEAR	3. TIME OF DEATH
ĺ	HERBERT Charles	MYERS			1990	4:30 a M
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	8, BIRTI	NPLACE (State or Foreign
ı	579-18-2976 1 M M 2 □ F	66 YRS.	NTHS DAYS HOURS MIN.	8-1-23	100	ash., DC
	9a, FACILITY NAME (If not institution, give street and number)	96	CITY, TOWN OR LOCATION OF DEA	NTN	9c. COUNTY OF I	DEATH
RO	THE JOHNS HOPKINS HOSPI	TAL	BALTIMORE		BALTIM	ORE CITY
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	L 400 CITY TO	OWN OR LOCATION			10d. INSIDE CITY
DIRECTOR						LIMITS?
	MI) Arne Arundel	1565 K	evins Drive, Ar	nota	10= CITIZEN OF	1 YES 2 NO
RA						
FUNERAL	565 Kevins Drive 11. MARITAL STATUS 12. WAS DECEDENT E	VED IN 11 S ADMED	21012	C ORIGIN? (Specify Ves	US:	A American Indian.
	1 Never Married 2 Merried IF YES, GIVE WAR	YES 2 NO	If yes, specify Cuben, Mexican 1 YES 2 NO Specify:	, Puerto Rican, etc.)	Blac	ck, White, etc.
BY	3 Wildowed 4 Divorced	OR DATES	T TES 2 EQ NO Specify:		Spec	white
G	15. DECEDENT'S EDUCATION	16a. DECEDENT'S USI	UAL OCCUPATION	16b. KIND OF BUS	SINESS/INDUSTRY	
Щ	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 8+)	Me. Do NOT use re	done during most of working tired.)			
린		Military	Serviceperson	U.S.	Navy	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAM	AE (First, Middle, Maiden	Surname)	
BE (Herbert Chester Myers		Unknown	Sizer		
0	19a. INFORMANT'S NAME (Type/Print)		DRESS (Street and Number or Rural R	oute Number, City or Town	n, State, Zip Code)	
	Mrs. Mary Myers		as #10			
	20s. METHOD OF DISPOSITION 1 M Burlet 2 Cremeilon 3 Removal from State	other place)	ON (Name of cemetery, crematory or		CATION City or 1	
	4 Donation 5 Other (Specify)	I VI	eterans Cemeter 122. NAME AND ADDRESS OF FAC	4	ownsville	e, MD
	9/1		22. NAME AND ADDRESS OF TAC	HEAT T		
	KMS-V		Barranco & Son			D
	23. PART I. Enter the diseases, or complications that can shock, or heart failure. List pnly one cause	aused the death. Do not on each line.	anter the mode of dying, such	aa cardlac or reapl	ratory arrest,	Approximata Interval Between
- 1	IMMEDIATE CALICE (Final			0		Onaat and Death
	resulting in death)	NUPULMUI	YARY FAILU FAILURE:	RE		45 min.
	DUE TO (O	R AS A CONSEQUENCE OF):	r			-/mu
N	Sequentially list conditions, b.	70 LIVER	FAILURE.			*
Ě	If any, leading to immediate cause. Enter UNDERLYING	TASTATIC	T. MOV			4-5 mo.
윤	CAUSE (Disease or Injury that initiated events	R AS A CONSEQUENCE OF):	I UMUICI			7 7 7 7 7 7
CERTIFICATION	resulting in death) LAST					
	PART II. Cabou significant conditions contribution to d	ath hut not moulded by	the condendation of the leaf	Part I. 24s, WAS AN	AUTTORON I AU	b. WERE AUTOPSY FINDINGS
¥	PART II. Other algorificant conditions contributing to de	eath out not resulting in	ma underlying cause given in	PERFOR	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
ă				1 X YES 2	⊇ □ NO	OF DEATH?
Σ				_		1 YES 2 NO
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH (Che	ah anti ana)		
<u></u>	EXAMINER? HOSPITAL:		THER:		Hospita	14.1.
1YS	1 ☐ YES 2 ☑ NO ☐ Inpatient 2 ☐ E 27. MANNER OF DEATH 28a. DATE OF IN		☐ Nursing Home 5 ☐ Residence DF 28c, INJURY AT	8 ☐ Other (Specify) 28d. DESCRIBE HOW I		ped
ā	1 Natural 5 Pending (Month, Day,	Year) INJUR	Y WORK? M 1 YES 2 NO			
		NJURY At home, farm, stre		28f. LOCATION (Street	and Number or Rura	l Route Number,
	3 Suicide 6 Could not be building, et	c. (Specify)		Chy or Town, State)	Hookin	s Hospital
9	29a. CERTIFIER CERTIFYING PNYSICIAN: To the best of m	v knowledge, death occurred	at the time, date and place, and due	to the cause(s) and me	nner as stated.	710-7
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the basis of axa					e(a) and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUN	/BER	29d. DATE SIGNI	(Month, Qay, Year)
BE	4. Berten mi		J1565	:	D 7/	20/90:
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type, Pr			~	
	HEIDL BEILIS: 14920 FO	rst landin	GCIRFIE RO	CKVILLE	11/1 20	0850
1	31. DATE FILED (Month, Day, Year) 32. REGISTRAR	O OLONIATUME				
	1111 27 1000 Julia De	don-Rondall				



		1 - STATE OF MA REGISTRAR	RYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
		1. OECEDENT'S NAME (First, Middle, Lest) John Barry	Maher	2. Date of Oeath Month 07/18/90 YEAR 3. TIME OF OEATH 3:02p
		4. SOCIAL SECURITY NUMBER 5. SEX 6. 102-32-0730 12 M 2 D F	AGE (In yrs. last birthday) 50 yrs. Strunder 1 Year IF UNDER 24 Hrs. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Dev.) (Ser) (1) County) 8. BIRTHPLACE (State or Foreign County) County)
2, 3 should	TOR	9a. FACILITY NAME (# not institution, give street and number) North Arundel Hospital RESIDENCE OF DECEMENT	9b. city, town or Location of Di Glen Burnie	9c. COUNTY OF DEATH Anne Arundel
. Pages 1,	DIRECTOR	100. STATE 100. STATE Anne Arundel	10c. CITY, TOWN OF LOCATION ANNAPOLIS	10d. INSIDE CITY LIMITS? 1 YES 2 NO
insit permit	FUNERAL	100. STREES AND NUMBER 1347 Tydings Road	10f. ZIP CODE 21	401 109. CITIZEN OF WHAT COUNTRY?
i the bunal-transit permit, Pages	B		EVER IN U.S. ARMEO TES 2 \(\text{\text{\$\sigma}}\) NO 13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexico 1 \(\text{\text{\$\sigma}}\) YES 2 \(\text{\text{\$\sigma}}\) NO Specific	
ed nor use as	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5 +)	16e. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Sales	19b. KIND OF BUSINESS/INDUSTRY Home Improvement
o should be detached for notified at once.	E COM	17. FATHER'S NAME (First, Middle, Last) Joseph B. Maher		MME (First, Middle, Meiden Surname) E. Batchelder
	TO B	19m.INFORMANT'S NAME (Type/Print) Mrs. Helen G. Maher	196. MAILING ADDRESS (Street and Number or Rural 1347 Tydings Road	Route Number, City or Town, Stere, Zip Code) Annapolis MD 21401
runeral director, page xaminer must be		20e. METHOD OF DISPOSITION 1 METHOD OF DISPOSITION 1 Disposition Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary	20b. PLACE OF DISPOSITION (Name of commetery, cremetery or MD Veterans	20c. LOCATION — City or Town, State Crownsville
me runeral di oval. al examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FU Barranco Fune	eral Home Severna Park MD 2114
competery med in by the ial, cremation, or removal. cevent, the medical e		23. PART I. Enter the disesses, or complications that c shock, or heart failure. List only one cause IMMEDIATE CAUSE (Finel disesse or condition resulting in death) DUE TO (0)		Interval Between Onset and Death
ending physician and con I Hygiene prior to burial, or other traumatic er	CERTIFICATION	If eny, leading to immediate cause. Enter UNDERLYING	R AS A CONSEQUENCE OF): R AS A CONSEQUENCE OF):	NIONAGEULAN DISGNEG.
and A	MEDICAL C	PART II. Other algnificant conditions contributing to de	eeth but not resulting in the underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
23 Pept	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF DEATH (C	heck only one)
is certificate half the State Ced, or Item	PHYSI	1 VES 2 NO 1 Inpettent 2 27. MANNER OF OEATH 280. DATE OF IN (Month. Day.	R/Outpatient 3 DOA 4 Nursing Home 5 Residence	8 Other (Specify) 28d. DE\$CRIBE HOW INJURY OCCURED
DIRECTOR; After this certil hours after death with the Item 28 is marked, or	ED BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide s Could not be determined determined	M 1 YES 2 NO NJURY — At home, farm, street, factory, office c. (Specify)	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)
ERAL DIRECTOR; n 72 hours after f: If Item 28 Is	COMPLET	(Crieck Grill)	y knowledge, death occurred at the time, dete end place, end du	I to the ceuse(e) end menner ee stated. If the ceuse(e) and place, end due to the ceuse(e) and menner as stated.
TO THE FUNERAL OF THE FIRE TO THE MINISTRA HE INPORTANT: If IN	BE CC	296. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NU	
2 0	2	1 to leave and	1 W J J 1	

Mariella Company

JAMES KAPLAN, MD

31. DATE FILEO (MJULO), 2017 1990 3 JULIAN SECTION 1990

S OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-1/2 state death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely liked in by the hunral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be index within the State Death of Health and Memal Hygiene prior to burlat, cremation, or removal. To burlat the medical examiner must be notified at once.

											90	2	178	89
	FOR STATE	STATE OF N							ENTAL HYGIE	NE				
	REGISTRAR		CE	RTIF	ICATE	OF	DEATH		REG. N	Ю.				
	1. DECEDENT'S NAME (First, Middle, Leat) Demares	st	L.		Mayr	nard		1	2. DATE OF DEATH MONTH 7-24-9	DAY O	YEAR		of DEATH	м
	4. SOCIAL SECURITY NUMBER 5	i. SEX	6. AGE (In yrs. last	t birthday)	IF UNDER	1 YEAR	IF UNDER 24	HRS.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Fore	ign
	212-92-8627	☑ M 2 ☐ F	12	YRS.	MONTHS	DAY8	HOURS	MIN.	April 9	1978	MA	RYLA	ND	
	9a. FACILITY NAME (If not institution, give stree	et and number)			9b. CITY	TOWN O	R LOCATION	OF DEAT						\neg
<u>۳</u>	Anne Arundel Gene	eral Hos	pital		Annapolis				Ann	Anne Arundel Count			inty	
5	RESIDENCE OF DECEDENT				ITY, TOWN OR LOCATION				_					
2	10a. STATE 10b. COUNTY						ON				- 1	LIN	SIDE CITY MITS?	
0		ARUNDE		ANNA	APOLIS					10				0
₹	10s. STREET AND NUMBER				10f. ZIP CODE					16g. CITIZEN OF WHAT COUNTRY?				
FUNERAL DIRECTOR	1364 TYLER AVENUE				1	21403								
	11. MARITAL STATUS 1 Never Married 2 Married	FORCES? 1	TEVER IN U.S. AR	MED		If yes, spe	cify Cuban,	Mexican,	Puarto Rican, atc.)	Yes or No-	Black	k, White,	rican Indian atc.	,
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 YES	2 💢 NO	Specify:			Speci BLAC			
	15. DECEDENT'S EDUCAT		16a. DE	CEDENT'S	USUAL O	CCUPATIO	N .		16b. KIND OF	BUSINESS/IN				\neg
E	(Specify only highest grade co	mpierea) College (1-4 or 5 +	.)			auring mos	t of working							- 1
린			S	TUDE	NT									
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHE	R'S NAME	E (First, Middle, Mak	fen Surname)				
BE	MARION P. MAYNARD YOLANDA MARLOW													
5	19a. INFORMANT'S NAME (Type/Print)		1 1						ute Number, City or					
	YOLANDA MARLOW								POLIS,			ND 21403		
	20a. METHDO OF DISPOSITION ↑★★★ Burlal 2 □ Cremation 3 □ Remove	al from State	20b. PLACE other place	ace)				tory or		ANNAP				$_{\rm D}$
	4 Donation 8 Other (Specify)	VSEE	PINEL	AWN			D ADDRESS	OF FACI		WEST S				
	7 40	1)									-	140.	_	' "]
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	MMMEDIATE CAUSE (Fine) disease or condition Cranio-cerebral injury and Atlanto-Occipital Fra							-actu		nset and	Death			
	resulting in deeth)				-	y care	A ALL	arico	CCCIPIO	<i>A</i> 1 11	acca	-		\dashv
_	DUE TO (OR AS A CONSEQUENCE OF):													
ERTIFICATION	Sequentielly list conditions, If any, leading to immediate											-		
S	ceuse. Enter UNDERLYING CAUSE (Disease or injury													
E	that initisted events	DUE TO	(OR AS A CONSE	OUENCE C	F):							-		- 1
	reaulting in deeth) LAST													
اد	PART ii. Other aignificant conditions	contributing to	deeth but not	reaulting	in the u	nderlying	ceuse gir	ven in P		AN AUTOPS'	Y 24b		AUTOPSY FIN	
3										2 NO			BLE PRIOR TO ETION OF CA THY	
自													ES 2 N	
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M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOEDITAL .					ACE OF DEA	ATH (Chec	ck only one)					
/SI	YES 2 NO	Inpetient	ER/Outpatient 3	DOA	4 Nu		8 🗆 Reel	Idence 6	□ Other (Spec/ly)					
PHYSICIAN: MEDICAL	27. MANNER OF DEATH 1 Netural 8 Pending	7-24-	Par)	28b. TII	45PM		RK?		28d. DESCRIBE HO			hir -)17±0	
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	29b, SIGNATURE AND TITLE OF CERTIFIER				, ory									
BE	Town	~					29c. LICEN	CME	DER	296, D	7-25	-	Jey, rear)	
2	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CALL	CE OF DEATH //TE	M 27) (Im	- Ovise)			سدد دب			. 25			

111 Penn Street, Baltimore, MD 21201

DHMH-18 Rev 1/89

VC

Mary Land Davids

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

COTTAX! M/L 9336879 98-32-27

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FOR 1 - STATE REGISTRAR	S	TATE OF MARYL				EALTH AND I	MENTAL	HYGIEN	E		
1. DECEDENT'S NAME (First, Mid Robert John	idle, Last) M	KENNA			Jr.,	Sale in the	2. DATE (OF DEATH	24	yean 90	3. TIME OF DEATH 2/34 M
4. SOCIAL SECURITY NUMBER		7.71	(In yrs. last birti		DER 1 YEAR	IF UNDER 24 HRS.	7. DATE (OF BIRTH Day, Year)	8	. BIRTH	PLACE (State or Foreign
578 54 5388	- 0	M2 DF A	9 Y	RS. MONTI	HOURS MIN. (MONTH, Day, Year)						h., DC
9e. FACILITY NAME (If not institut	tion, give street i	and number)		9b. C	ITY, TOWN O	R LOCATION OF DE	ATH		9c. COUNT	Y OF DE	EATH
University o		ospital		333	Balti	more Cit	У				
RESIDENCE OF DECED	DENT D. COUNTY		10	c CITY TOW	N OR LOCAT	ION				Т	10d. INSIDE CITY
MD	Calve	rt	"			e Beach					LIMITS?
10s. STREET AND NUMBER	Culve			Cires		ZIP CODE			10a, CITIZE	N OF W	HAT COUNTRY?
3718 Chesape	ake Bea	ach Road				2073	2		USA		
11. MARITAL STATUS		WAS DECEDENT EVER I	IN U.S. ARMED		13. WAS DEC	ENDENT OF HISPAN		? (Specify Yes		4. RACE	- American Indian,
1 Never Merried 2 Mer		FORCES? 1 YES				city Cuban, Mexica 2 ☑ NO Specifi		lican, atc.)		Specif	, White, etc.
3 Widowed 4 Divorced						20 110 0,000	,			-	WHITE
15. DECEDE (Specify only hig	NT'S EDUCATION		16e. DECEDI	ENT'S USUA	L OCCUPATION	N st of working	16b.	KIND OF BUS	SINESS/INDU	STRY	
Elementary/Secondary (0-12)		ollege (1-4 or 5+)	life. Do i	VOT use retire	id.)						
12			M	laster	Mech					Mecl	nanical
17. FATHER'S NAME (First, Middle						18. MOTHER'S NA	ME (First, N	fiddle, Meiden	Surname)		
Robert Joh		nna, Sr.						ina M			
19a. INFORMANT'S NAME (Type/	1001		19b, M/	VILING ADOF	ESS (Street e	nd Number or Rural	Route Numb	er, City or Tow	n, State, Zip C	code)	
Margaret R.	Distel				10 a						1
20a. METHOD OF DISPOSITION 1 ↑ Burlel 2 □ Cremation		from State	other place)	ISPOSITION	(Name of cer	netery, cremetory or			CATION — CI		
4 Donetion 5 Other (Sp. 21. SIGNATURE OF FUNERAL SI			Sout	V		lal Gard		Dun	kirk (Cal	vert) MD
21. SIGNATURE OF FUNDRAL SE	M LICE	111	01								
1/1/1 /	MRK	and by	Tools		Rausch	n Funera	1 Hom	ie, 01	wings,	MD	20736
23. PART I. Enter the dises shock, or head IMMEDIATE CAUSE (Final disease or condition resulting in death)		only one ceuse on	A CONSEQUE	CM ICE OF):	oolus		- L	- Co	Lac	. ,	Approximate Interval Between Onset and Daath
Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	le	DUE TO (OR AS	A CONSEQUE	ICE OF):	oral	ven		1107	N 00	1/-	
PART II. Other significent	conditions co	ontributing to deeth	but not resu	iting in the	underlyin	g ceuee given in	Part I.	24a. WAS AN PERFOI 1 YES 2	RMED?	246	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERIND TO M	EDICAL				26. PI	ACE OF OEATH (C/	heck only on	10)			
ENMINER?		OSPITAL:	tpatient 3 🗆 I		HER:	e 5 🗆 Residence					
27. MANNER OF DEATH	17	28e. DATE OF INJURY	28	b. TIME OF	26c, IN,	URY AT	_	CRIBE HOW	INJURY OCCU	JREO	
	iding istigation	(Month, Day, Year)		INJURY		YES 2 NO					
3 Suicide 8 Cou	aid not be ermined	28e. PLACE OF INJUR building, etc. (Sp	IY — Al home, ec/fy)	farm, street,	factory, offic	•	261, LOCATION (Street and Number or Rural Route N City or Town, State)				Route Number,
cont only		n: To the best of my kno									a) and manner as stated.
296. SIGNATURE AND TITLE OF	denturen /	7,	3			29c. LICENSE NU	MBER		POL DATE	SIGNED	24/90
30. NAME AND ADDRESS OF PR	OUK	angler	EATH (ITEM 27	Type, Print		•				/	
31. DATE FILED (MONT), Day, No. JUL 31	1990	Julie Davido	MATURAL PROPERTY	ell							

BALTIMORE, MARYLAND 21203-3146	Jours after death. Page 6 may be retained by the hospital in the promited family. Pages then in by the funeral director, page 5 should be detached for the many function, or removal. The medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the constitution of the constitution of the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the countries of the constitution of the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the countries of the constitution of the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JUL 3 1 1990

2, 3 should

DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH	v	YEAR	3. TIME OF DEATH	
Etta Agnes McKenn	V						07	27.	90	TEAR	11:55 A
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER 1 YEAR	IF UNDER		7. DATE OF (Month, I			8. BIRTH Count	IPLACE (State or Foreign
213 68 1999	1 M 2 F	86	YRS.	MONTHS EATS	HOURS	HOURS MIN. 07_1				MD	
n. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, TOWN OR LOCATION OF OEATH					9c. COUNTY OF DEATH			DEATH
Colomons Nursing Center	er		Prince Frederick,						Calve	rt	
ESIDENCE OF DECEDENT	Y	T	10c. CIT	Y, TOWN OR LOCA	TION						10d. INSIDE CITY
Md. Calver	-		Prince Frederick								LIMITS?
De. STREET AND NUMBER				of. ZIP COD				10a, CITI2	ZEN OF Y	WHAT COUNTRY?	
30 Church Street	t		20678							US	
. MARITAL STATUS	NT EVER IN U.S. ARM	IN U.S. ARMEO 13. WAS DECENOENT OF HISP,			OF HISPAI	NIC ORIGIN?	Specify Yes	or No-	14 BAC	E — American Indian,	
Never Merried 2 Merried	MAR OR DATES		If yes, a	If yes, specify Cuben, Mexican, Puerto 1 ☐ YES 2 ☐ NO Specify:				0.110	Blac	ack, White, atc.	
☐ Widowed 4 ☐ Olvorced	MAN ON DAIES		1 1 18	S Z X NO	Specii	ity:				Specify: white	
15. DECEDENT'S EOU	16a. OEC	EOENT'S	USUAL OCCUPAT	ION		16b, K	INO OF BUS	INESS/IND	USTRY		
(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)			Do NOT u	work done during n se retired.)	iust di Workli	rigi					
4			r	ı/a					-		
7. FATHER'S NAME (First, Middle, Last)							ME (First, Mic	ldle, Malden	Surname)		
John Thomas McKenny					Eli	zabe	eth			H	lardesty
19a. INFORMANT'S NAME (Type/Print)				19b. MAILING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
Carolyn Barwick				Kilbrid	e Rd.	, B	altimo	re, M	ID 2:	1236	
1 to Burial 2 ☐ Cremation 3 ☐ Removal from State other				SITION (Name of c	emetery, crer	matory or		20c. LOC	CATION —	City or To	own, State
	Over Hom State	n a a more process								~ .	
□ Donation 5 □ Other (Specify)		_ Mt. H	armo	ony UMC	Cemet	ery		Owin	igs (Calv	vert) MD
□ Donation 5 □ Other (Specify) L SIGNATURE OF FUNERAL SERVICE LI	CENSEE	_ Mt. H	armo		Cemet		CILITY				
	CENSEE /	_ Mt. H	armo				Rau	sch F	uner	al H	Iome
SIGNATURE OF FUNERAL SERVICE LA	I In			Paces	ANO AGORE	ESS OF FA	Rau 4	sch F	uner	al H	Home 20736
3. PART I. Enter the diseases, or ahock, or heart failure.	Complications #	al/caused tha das		Paces	ANO AGORE	ESS OF FA	Rau 4	sch F	uner	al H	Iome 20736 Approximate Interval Betw
3. PART I. Enter tha diseases, or	complications and	at/caused tha das	ith. Do	22. NAME /	ANO ADORE	ESS OF FA	Rau 4	sch F	uner	al H	Home 20736
3. PART I. Enter the diseases, or ahock, or heart failure.	complications and List only one ca	ate used the describe on each line.	ith. Do	22. NAME / CALLS	ANO ADORE	ESS OF FA	Rau 4	sch F	uner	al H	Iome 20736 Approximate Interval Betw
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	4 Donation 5 Dotter (Specify) PINELAWN MEM. PARK ANNAPOLIS, MARYLAND									
	21. BIGHATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 821 WEST ST ANNAPOLIS, M									
	Larry D. Reese		WILL	LAM REES	E & SONS M			P. A		
	23. PART I. Enter the diseases, or complications that cause		THE RESIDENCE AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF T					Approximate		
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S.	cause. Enter UNDERLYING									
Ĕ	CAUSE (Disease or Injury that initiated events Due TO (OR AS	A CONSEQUENCE O	OF):							
F	resulting in death) LAST									
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CERTIFICATION	PART II. Offer significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PRODUCT ANALABLE PRIOR TO									
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BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-mous after death. Page 6 may be retained by the hospital or attending physician.

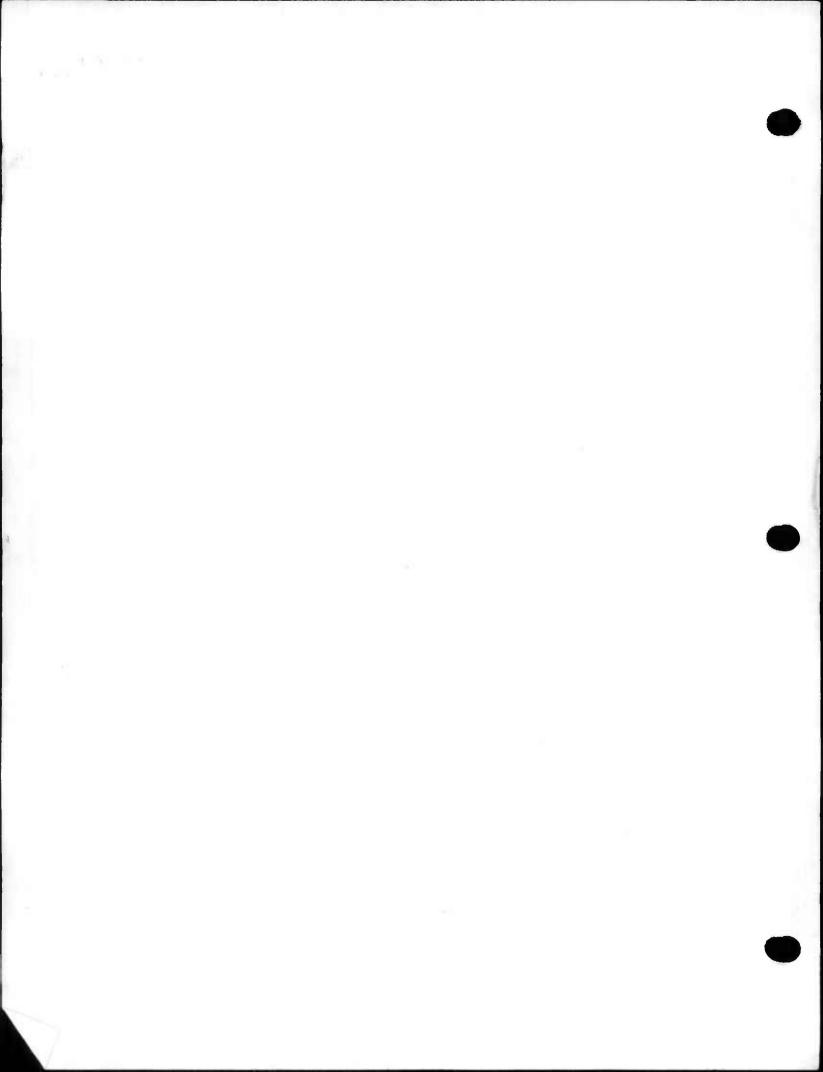
TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIRECTOR
FUNERAL
COMPLETED BY
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STATE OF MARY	LAND / DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CERTIFICATE	OF DEAT	ГН		REG. NO.

	1 • STATE OF MAR		MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) RHOVDA	MOTON		2. DATE OF DEATH DAY	YEAR	3. TIME OF DEATH 7 4 P M		
~	4. SOCIAL SECURITY NUMBER® 5. SEX 6. 2 1 4 0 2 5 6 8 7 1 M 2 X F 9a. FACILITY NAME (If not institution, give street and number)	22 YRS. MC	FUNDER 1 YEAR IF UNDER 24 HRS. INTHS DAYS HOURS MIN. D. CITY, TOWN OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) May 10,	May 10, 1968 Wash			
TO BE COMPLETED BY FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland PG 10e. STREET AND NUMBER 11400 Whitehouse Road 11. MARITAL STATUS 1 Never Married 2 Married 1 PORCES? 1 FORCES? 1 FORCES? 1 FYES, GIVE WAR 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12th Grade 17. FATHER'S NAME (First, Middle, Last) Robert U. Moton 19a. INFORMANT'S NAME (First, Middle, Last) Robert U. Moton 20a. METHOD OF DISPOSITION 1 Wental 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FURERAL SERVICE LICENSEE	TER IN U.S. ARMED YES 2 NO OR DATES 16a. DECEDENT'S US (Glow kind of worn kind. Do NOT use or Secre 19b. Mailing At 1140 20b. PLACE OF DISPOSITion other place)	k done during most of working eitred.) tary 18. MOTHER'S NA	ME (First, Middle, Meiden Soara Ann Route Number City or Town Road-Upp 20c. LOC etery CILITY neral Hom	or No- 14. RACE Black Speck Bl INESS/INDUSTRY Surname) Smith Stelle, Zip Code) er Marl Addion - City or To Suitlar	ed states - American Indian, , White, etc. y: .ack		
EDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	failure preumonia		AUTOPSY 24b MEO? 24b	Approximate interval Batween Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death		
TO BE COMPLETED BY PHYSICIAN: MEDIC	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basia of axam 29b. SIGNATURE AND TITLE OF CERTIFIER	NOutpetient 3 DOA 4 JURY 28b. TIME INJURY — At home, term, str. (Specify) knowledge, death occurred ination end/or investigation, OF DEATH (ITEM 27) (Type, F	28b. TIME OF INJURY M 28c. INJURY AT WORK? 1 VES 2 NO 28t. LOCATION (Street and Number or Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SYGNEO (Month, D > 7/21/90) TITEM 27) (Type, Print) M. D. 225. GREEVE ST BACTMAKE 216					



the hos	detach		once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TENDI	JOR: A	after d	28 Is
A OR A	L DIREC	2 hours	I Item
HOSPITA	UNERA	vithin 72	ANT: H
O THE	THE I	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORT
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	FOR	OTATE OF SA	ADVI AND / DE	DADTMEN	IT OF I	EALTH A	UD SAFE	ITAL LINGUES		20	21194
	1 - STATE REGISTRAR	SIAIE UF M	ARYLAND / DE CERT			DEATH		REG. NO.	<u> </u>		
	1. DECEOENT'S NAME (First. Middle, Last)							DATE OF GEATH	Y YE	AD .	TIME OF OEATH
	Viola May	Marker						7 19		0	10 A H
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest birth		ER 1 YEAR	IF UNDER 24	HRS. 7, C	Month, Day, Year)	8.	BIRTHPLA	CE (State or Foreign
	212-24-3981	1 🗆 M 2 💢 F	86 Y	RS. MONTHS	DAYS	HOURS &		5/02/04	Myersvil		ville, MD
-	9a. FACILITY NAME (If not institution, give s		OSPITA!	9b. CIT	96. CITY, TOWN OR LOCATION OF DEATH				9c. COUNTY OF DEATH		
01	RESIDENCE OF DECEDENT	oral 19	04/:17 24/1		Rive	rdale			Prince Geor		
DIRECTOR	Maryland Pri	Coll					10d. INS				
	10e. STREET AND NUMBER	CO1.	College Park				10g. CITIZEN		YES 2 NO		
FUNERAL	4201 Metzrott Road				20740				U.S.A.		
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED	13				RIGIN? (Specify Yes	or No- 14.	RACE - /	American Indien,
	1 Never Merried 2 Merried	IF YES, GIVE W					Specify:	eno rucan, etc.)		Specify:	4
ВУ	3 X Widowed 4 Divorced								1 1	4	the "
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDI (Give kil	ENT'S USUAL nd of work don VOT use retired	OCCUPATION OCCUPATION	ON ast of working		16b. KIND OF BUS	SINESS/INDUST	TRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+		maker	-7			Own	Home		
2	17. FATHER'S NAME (First, Middle, Last)		1.02.0	III.C.IVO L		18. MOTHER	'S NAME /	First, Middle, Maiden			
	George Martz					PERMITTED AND		ilable)	Currany		
BE	19e. INFORMANT'S NAME (Type/Print)		19h M4	III ING ADDRE	t hant?) 22			Number, City or Town	a State 7in Co.	rin)	
2	Frederick G. Mark	er			V4.3(1977.5)			vidsonvi		_	035
	20s, METHOD OF DISPOSITION		20b. PLACE OF D						CATION - City		
	X Buriel 2 Committee 3 Pen 4 Donatton, 5 D Sther (Specify)	oval tross State	other place) Ft. Li	ncoln	Ceme	terv		Br	entwoo	d. M.	aryland
	21. SIGNATURE OF FIGHERAL SERVICE LI	CENTREE /		2	2 NAME A	ND ADDRESS	OF FACILIT	v		-	-
	1) ack H	July 4	~		ranc 4739	is Gas Baltin	ore	Sons Fu	neral attsvi	Home	, PA MD 20781
	23. PART I. Enter the diseases, or										Approximate
	shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Finel Onset and Death										
	disesse or condition resulting in desth)	· Mo	cardia	1 /	nf	arc	tion				minutes
	disesse or condition										
N	Sequentially llat conditions, The Tenio Science Con Cardio Valuation & Years										
Ę	Sequentiany list conditions, If any, leading to immediate cause. Enter UNDERLYING										
10	CAUSE (Diseese or injury	c. OUF TO	OR AS A CONSEQUEN	ICE OFI							
CERTIFICATION	that initiated events resulting in death) LAST									İ	
E		d									
	PART II. Other significant condition	ns contributing to	death but not resul	iting in the	underlyin	g cause glv	en in Pari	I. 24s. WAS AN			RE AUTOPSY FINDINGS
200								1 YES 2	4.3	CO	MPLETION OF CAUSE DEATH?
Ä										1 [YES 2 NO
2											
¥	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DEA	TH (Check o	only one)			
PHYSICIAN: MEDICAL	EXAMINER?	HOSPITAL:	ER/Outpetient 3 🗆 (OTH 4 N		ne 5 🗆 Resid	dence 6 🗆	Other (Specify)			
PH	27. MANNER OF DEATH	28e. DATE OF (Month, De	INJURY 28 ly, Yeyer)	b. TIME OF INJURY	28c. IN	JURY AT ORK?	284	d. DESCRIBE HOW I	NJURY OCCUP	RED	
ВУ	1 Natural 5 Pending 2 Accident Investigation	0	IA	М	1 🗆	YES 2	NO				
	3 Suicide 6 Could not be 4 Homicide determined		F INJURY — At home, etc. (Specify)	farm, street, f	actory, offic	00	261	City or Town, State)		Rural Route	Number,
ET	200 CERTIFIER A.										
MPL	(Check only		my knowledge, death								
COMPLETED	2 MEDICAL EXAMINI	En: On the basis of a	amination and/or inves	Rigation, In m	y opinion,	westn occured	at the time	, date and place, er	a due to the c	ause(e) en	u manner as attited.
BE	Paulan WWW	h) Des	Xamir	ve all	1/	DO /	SE NUMBER	2	29d. DATE S	19	yith, Day, Year) 90
5	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUS	E OF DEATH (ITEM 27	3 Plane	reer	N 501	~1	Zd TTEVILI	1. 0.	2	2221
	1 DOI 12. CENO	VE MID				1	y e	114 01/1	2 14	1-	2015

32. GEGISTRAR'S SIGNATURE
Julia Davidson-Randale

'90

DHMH-16 Rev 1/89

V

BALTIMORE, MARYLAND	TO THE HISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-rours after death, Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the affecting physician and completely filled in by the funeral director, page 5 should be detach to complete commons or commons.	be filed within 12 flows after dead with the bate begs, or regult all world mygens protect contact, contacts, or controls. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
ORE, MA	6 may be ret:	ector, page 5 s	must be not	
BALTIM	ter death. Page	the funeral din	al examiner	
	nin 24 mours at	tely filled in by	t, the medic	
K 13146,	e executed with	an and comple	umatic even	
P.O. BO)	ath certificate b	tending physici	or other tra	
ORDS, I	es that the dea	gned by the at	s any injury,	
TAL REC	The law requir	ate has been s	lem 23 show	
N OF VI	4G PHYSICIAN:	ter this certific	marked, or li	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L DR ATTENDI	DIRECTOR: AF	Item 28 is 1	
15	LINE HOSPITA	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	IPORTANT: II	
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	1 - STATE REGISTRAR		C	ERTIF	CATE C	F DEAT	ГН	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH	W	YEAR	3. TIME OF DEATH
	LAWRENC	E EARL	MILI	ER				July 18,	-		4:32 a M
	4. BOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER 1 YEA		1 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		Country	PLACE (State or Foreign
	186 26 6211	1 x M 2 □ F	56	YRS.				(Month, Day, Year) 6-5-1934		hamo	kin Pa.
_	9a. FACILITY NAME (If not institution, give		_	_		WN OR LOCATI	ON OF DE	ATH	9c. COUNT		
FOIDE	AMI Doctors' Ho	sp. of Pr	. Geo.	Co.	Lan	ham			Prir	ice	George's
3	10a. STATE 10b. COUNT	ГҮ		10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?
5	Maryland Princ	e George	's	Boy	wie						YES 2 NO
	10e. STREET AND NUMBER			-		10f. ZIP CDD					HAT COUNTRY?
FUNERAL	12508 Saber Lane	1				2071	5		Unit	ed a	States
5	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. A					IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No-	14. RACE Black	- American Indian, White, etc.
	1 Never Married 2 K Married 3 Wildowed 4 Divorced	IF YES, GIVE W	MAR OR DATES	APTER .		YES 2 🔯 NO				Specif	White
	15. DECEDENT'S EDI		5-1958	DECEDENT'S	USUAL OCCUP	PATION		16b, KIND OF BU	NINESS/INDU	ISTRY	MILLE
	(Specify only highest grad			(Give kind of ville. Do NOT us	work done during	most of world	ng				
1	1.0		1	Carpe	enter			Local	Union	#13	2
COMPLE	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NA	ME (First, Middle, Malden			
BEC	John Henry Mill	.er						e Brownell			
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Str	eet and Numbe	r or Rural F	Route Number, City or Tow	n, State, Zip (Code)	
	Phylis Miller							e Maryland			
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	moval from State	other	place)	sition (Name o Veterar				cation — c ltenha		
1	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		_	22. NAM	E AND ADDRE	ESS OF FA	CILITY		D A	
	KILINT 8	FITTION	- , (-	2				Funeral H			20715
	23. PART I. Enter the diseases, or	complications the	at caused the	death. Do					-		Approximate
	ehock, or heert fallure IMMEDIATE CAUSE (Finel disease or condition	. List only one cat	use on each lie	ne							Interval Between Onset end Death
	resulting in death)	e. Juddy	OF AS A CONS	CAC CEPTIFICE O) /LI	earn		Carelis Nose			-
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PHYSICIAN: MEDICAL CE	if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant condition Character 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	DUE TO d	D (DR AS A CONS D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D death but no D dea	3 DOA 28b. Till in. home, farm, death occurrior investigation	In the under 2 OTHER: 4 Nursing AE OF 28c JURY M 1 street, factory, red at the time, on, in my opinion	Home 5 F R. INJURY AT WORK? YES 2 office date and place ton, death occur	given in DEATH (Ch Residence NO	Part I. 24a. WAS AN PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE OF THE PERFORMANCE	I AUTOPSY RMED? 2 NO INJURY OCC and Number as stated due to the	24b. CURED or Rural f	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number,

Julia Davidson Topular

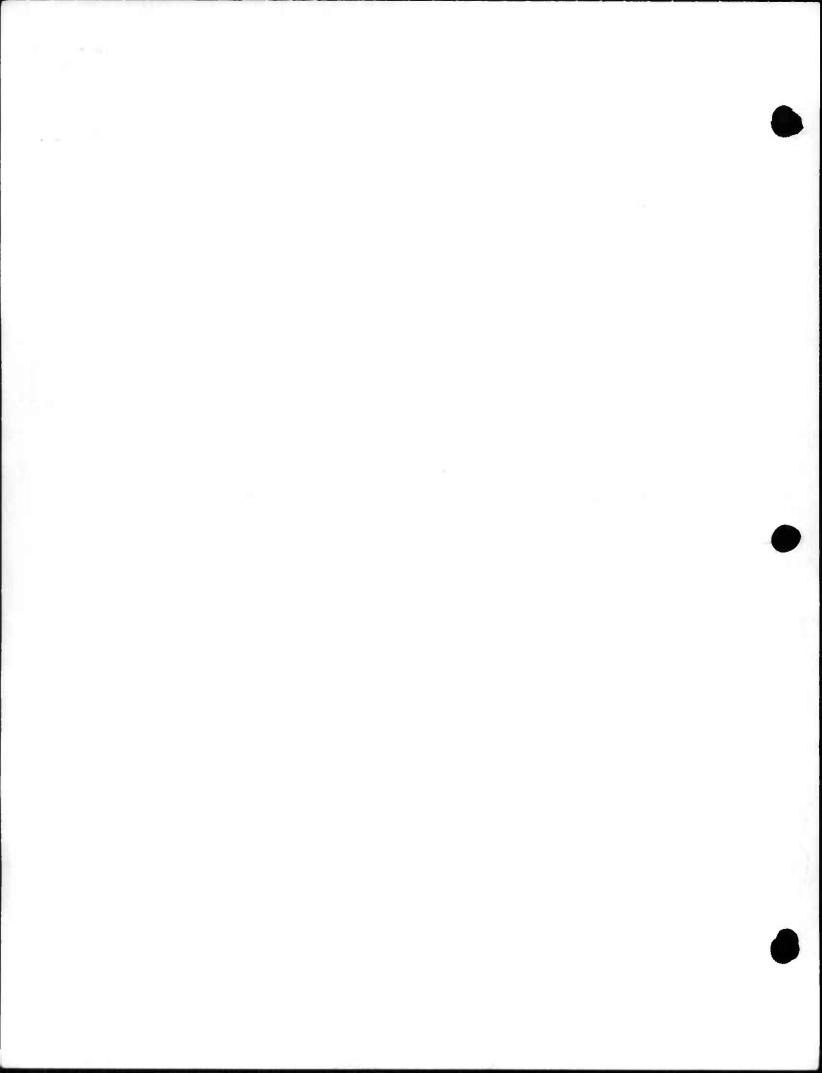
JUL 27 90

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-314
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phy	ours after death. Page 6 may be retained by the hospital or attending ph
TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the building the property of the building physician and completely filled in by the funeral director, page 5 should be detached for use as the building by the funeral director.	in by the funeral director, page 5 should be detached for use as the bu
be filed within /2 hours after death with the state Dept. Of relating and mental hyperic prior to bornar, cremation, or removal,	H IEIIIUVAII,
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	nedical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIEN REG. NO.	E	
1. DECEDENT'S NAME (First, Middle, L	ast)				2. DATE OF DEATH	Y YEA	3. TIME OF DEATH
THELMA nm	i MONROE				July 22		0 12:45 p.m.
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. B	IRTHPLACE (State or Foreign ountry)
250-36-9386 98. FACILITY NAME (If not institution, g	1 D M 2 X F 66	YRS.	CITY TOWN OF	HOURS MIN.	June 20,1	924 S	South Carolina
						P.G	
Doctor's Hospita	r	11	annam,	Marylan	id	F.G	•
10a. STATE 10b. CO	P.G.		or locati	ON			10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
6602 94th Av	zonijo			20806		U.S.	Α.
11, MARITAL STATUS	12. WAS DECEDENT EVER II		13, WAS DECE	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes		RACE — American Indian, Black, White, etc.
1 Never Married 2 X Married	FORCES? 1 YES			cify Cuban, Mexica 2 NO Specify	n, Puerto Rican, etc.)		Specify: Lack
3 Wildowed 4 Divorced							
15. DECEDENT'S (Specify only highest of	EDUCATION grade completed)	(Give kind of work	done during mos	N t of working	16b. KIND OF BUS	SINESS/INDUSTI	RY
Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use ret			Priva	nto	
12th		Homemak	ker	44 MATHER'S NA	ME (First, Middle, Maiden		
	9				illiams	Surrame)	
Joe Brown 19a, INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street ar		Route Number, City or Tow	n, State, Zio Codi	(e)
Ishiam Monroe					brook, Mar		
20a. METHOD OF DISPOSITION	200	PLACE OF DISPOSITIO	N (Name of cem	etery, crematory or	20c. LO	CATION — City	or Town, Stata
1 Sp Buriel 2 Cremation 3 4 Donation 6 Other (Specify)	Removal from State	armony Mem	. Cemet	ery	Lan	dover,	Md.
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE		22. NAME AN	D ADDRESS OF FA	CILITY	_	
(des)	J. Nal	Per	4217°	1agth St	uneral Hom	е	
23. PART I. Enter the diseases.	or domplications that cause	d the death. Do not	enter the mod	de of dying, euc	h as cardiac or reap	retory arrest,	Approximate
ehock, or heart falls	ure. List only one cause on e	ach line.		7.4			Interval Between Onset and Death
disease or condition	CARDIO	PULMON	ARY 1	HRRES	T		
resulting in deeth)	CARDIO HEPATO	CONSEQUENCE OF):	-				
	MEPATO	REMAL	- I-AIL	-VRE			
Sequentielly list conditions, if eny, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):					
cause, Enter UNDERLYING CAUSE (Disease or Injury	C	CONSEQUENCE OF):					
that initiated events resulting in death) LAST	DOE TO (OH AS A	CONSEQUENCE OF):					į
	d						
PART II. Other eignificant cond		out not resulting in ti	he underlying	cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ALCOHO	ILISM				1 _ YES :	NO K	COMPLETION OF CAUSE OF DEATH?
					_		1 TES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch			
1 YES 2 NO	1 □ Inpatient 2 □ ER/Out				6 ☐ Other (Specify) 28d. DESCRIBE HOW	N HIRV OCCUR	
27. MANNER OF DEATH 1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	WO	RK?	200. DESCRIBE NOW	INJUNT OCCUME	
2 Accident Investiga		/ — At home, ferm, stree			261, LOCATION (Street	end Number or F	Burel Route Number
3 Suicide 6 Could no 4 Homicide determin	t be building, etc. (Spe	city)	.,,		City or Town, State,		
29a. CERTIFIER	DMVCICIANI, To the head of and	dadas death account	4 the floor dec	and please and a	to the assessed and	man on minter	
Check only	PHYSICIAN: To the best of my know AMINER: On the basis of examination						use(a) and manner as stated.
29b. SIGNATURE AND TIPLE OF CER				29c, LICENSE NU			GNED (Month, Day, Year)
A- 12	ettar - mi)			LYW MACHOE HO		D	
30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAUSE OF DI	EATH (ITEM 27) (Type, Prin	int)	-		1111	y 23, 1990
Aiay Dashotta	r. M.D. 720	7 Hanover	Parkus	v Snit	A. Green	helt M	id. 20770
31. DATE FILED (Month Den, Year)	32. REGISTRAR'S SIGN	NATURE	T. Car IXW	y Ourt	/ () () ()	4	
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	O THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within a privar after death. Page 6 may be r	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 effect within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
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1. DECEDENT'S NAME (First,	Middle, Last)			EHIIF	ICATE	E OF	DEATH		REG.	Н	T	3. TIME OF DEATH
GR	ACE		mc1	PAU	IF	4			MONTH	DAY	YEAR O	1:40
4. SOCIAL SECURITY NUMB	ER 5.	SEX	6, AGE (In yrs. I	est birthday)	IF UNDER	R 1 YEAR	IF UNDER 24	HRS. 7.	DATE OF BIRTI		8. BIRTH	PLACE (State or Foreign
244-42-3849	1	□ M 2 💢 F	70	YRS.	MONTHS	DAYS	HOURS I	MIN.	(Month, Day, Ye 12 08	1 Q	Nor	" th Carolina
Sa. FACILITY NAME (If not ins	titution, give street	and number)			9b. CITY	, TOWN C	R LOCATION	OF DEAT		-	UNTY OF D	
SOUTHER!	NMA	RYLAI	HO HO	5917	2		C	LIN	70N	PR	INCE	GEORGES
10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY LIMITS?
Maryland	Anne	Arunde	1	I	ldgew	vater						1 TES 2 NO
100. STREET AND NUMBER						101	ZIP CODE	_				HAT COUNTRY?
P. O. Box							2103	37		U.	S.A.	
11, MARITAL STATUS 1 Never Married 2		. WAS DECEDEN' FORCES? 1	T EVER IN U.S. A						ORIGIN? (Special Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Coun		14. RACE Black	— American Indian, , White, etc.
34 Widowed 4 Divor		IF YES, GIVE W	AR OR DATES				2 XNO				Specif	y:
15. DECI	EDENT'S EDUCATI	ON -	16a C	ECEDENT'S	IISHAL O	CCHPATIC	in .		T 185 KIND O	F BUSINESS/II		asian
(Specify only	highest grade com	pleted)			work done	during mo	st of working		IOD, KIND O	BOSINESSAI	NUOSINI	
Elementary/Secondary (0- 8th	12)	ollege (1-4 or 5 + N/A		Cashie	er/Cl	lerk			Н	otel		
17. FATHER'S NAME (First, Mi	ddle, Last)	,			_, 01		18. MOTHER	R'S NAME	(First, Middle, M.)	
Jerome R.	0.00	an					Contract of the	ossi		orris		
19a. INFORMANT'S NAME (7)		_	1	19b. MAILING	ADDRES	S (Street a			te Number, City o	r Town, State,	Zip Code)	
Homer Lee S	aduth			Same								
200. METHOD OF DISPOSITI	ON		20b. PLAC	E OF DISPO			netery, cremeto	ory or	20	c. LOCATION	- City or To	wn, State
1 Buriel 2 Cremetio		from Stata		crem	ator	V				Clinto	on Ma	arvland
21. SIGNATURE OF FUNERAL	SERVICE LICENS	5.11	10		-	4	D ADDRESS	OF FACIL				ome, Inc.
· //	1	11/1	64		(6633	Old A	Alexa				inton, Md 2
23. PÁRT I. Enter the di ahock, or ha IMMEDIATE CAUSE (Fin disease or condition resulting in deeth)		Tespi	t ceused the case on each ill	X	PV	r the mo	de of dying	g, auch a	a cerdiac or	reapiratory :	arreet,	Approximate interval Between Onset and Deati
Sequentially list conditi if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or Injusted Leading Conditions)	NG ry	DUE TO NETP	BRE	EQUENCE O	Co	MOI	Ent) E	m Bol	15m		
that initiated events resulting in death) LAS								1.0	rt I 24a W	S AN AUTOPS	Y 24b	WERE ALIENDAN CHIRAGO
reaulting in death) LAS	nt conditions c	-	hova	_			_		PE	RFORMED? ES 2 NO		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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KORELL, MD

32. REGISTRAR'S SIGNATURE Davidson-Handale

1. DECEDENT'S NAME (First, Middle, Last)			urray	7	F DEATH	2. DATE	OF DEATH	y y.	EAR	3. TIME OF DEATH
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WARVland P.G			Lan	dover						1 TYPES 2 NO
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(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	+) (Gh	ve kind of wo Do NOT use	rk done during retired.)	most of working					
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1 1 1-1 17. FATHER'S NAME (First, Middle, Last)		Une	mplo	ved			None			
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disease or condition resulting in death)	8				ascular d	iseas	se ———			
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Sequentially list conditions, If sny, isading to immediate ceuse. Enter UNDERLYING	b	(OR AS A CONSEC	DUENCE OF)	:					-	
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thet initiated events resulting in death) LAST	d.					n Bost I	24s. WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDING
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-rouns after death. Page 6 may be retained by the hospital of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for he find within 72 hours after death with the State Deut, of Health and Mental Hyglene prior to burial, cremation, or removal.	assessment to the control of them 92 shows one laters or other fraumatic event the medical evaning must be notified at once
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		TMENT OF H CATE OF		MENTAL HYGIEN REG. NO.	E		
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8	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.	last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7 - 13 - 19F		Country)	E (State or Foreign
æ	90. FACILITY NAME (If not institution, give str Peninsula General	reet end number)		96. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY	OF DEATH	
2	RESIDENCE OF DECEDENT								
DIRECTOR	MD. WICO	OMICO		TSVILL					INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER BOX 133, PITTS	AVE.		1.00	ZIP CODE 2 1850		10g. CITIZEN		COUNTRY?
BY FUNI	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES		13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.) /:		. RACE — A Black, Wh	merican Indian, ite, etc. HITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade) Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life. Do NOT us	USUAL OCCUPATION OF done during moderated.)	N st of working	16b. KIND OF BU			
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	17. FATHER'S NAME (First, Middle, Last)				CALL THE EAST		98-11-		
H	LINFORD THOMA	S MOORE, SR				YN LOUIS			
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow			
-	WENDY LYNN MOO					PITTSV			
	20g., METHOD OF DISPOSITION 1	ovel from State	er place)	SITION (Name of car			CATION — CH		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Q_{-}		D ADDRESS OF FA				
	23. PART I. Enter the diseases, or o shock, or heart failure. I IMMEDIATE CAUSE (Finei disease or condition resulting in death)	complications that caused the List only one cause on each the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the Complete on the	ominal	trauma	de of dylng, auc	h se cerdiac or resp	Iratory arrea	it,	Approximate Interval Between Onest end Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A COM							
MEDICAL CI	PART II. Other algolificant condition	s contributing to deeth but n	ot reaulting	In the underlyin	g ceuse given in	Part I. 24a, WAS APPERFO	RMED?	AWA	ME AUTOPSY FINDINGS ILABLE PRIOR TO APLETION OF CAUSE DEATH?
						_			YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL			26. P	ACE OF OEATH (Ch	heck anly one)		1	
I I	EXAMINER?	HOSPITAL:	w 2 □ DOA	OTHER:		6 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 6 Pending	26e. DATE OF INJURY (Month, Day, Year) 7-15-90	26b. TIN	E OF 28c. IN.	URY AT DRK?	28d. DESCRIBE HOW Passenger			lost
TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY — A building, etc. (Specify)	At home, farm,		oad	Sel LOCATION (STOR	ma Number of	r Rural Route	
COMPLETED	onel zenz	ICIAN: To the best of my knowledge							d menner ee stated.
H	296. SIGNATURE AND TITLE OF CENTIPLE				29c. LICENSE NU	MBER	29d. DATE :	SIGNED (Mo	-16-90
2	ANN M. DIXON, ME		(ITEM 27) (Type	111 P	enn Stre	et,Baltimo	re,MD	2120	L vo

- 69, 115

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the brind within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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31. DATE FILED (Mon JUL 27

Zibell MD

90

1. DECEDENT'S NAME (First, Middle, Last)	1.50	CE	EM) ICI	CALE O	DEATH	1	REG. NO.		
Irene E	2.	Mul	len			2. DATE OF MONTH	DEATN DAY	YEAR 90	3. TIME OF DEATN 2230 M
4. SOCIAL SECURITY NUMBER 212-03-6980	5. SEX 1 M 2 XF	8. AGE (In yrs. last		MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D. May	BIRTIN ay, Year) 19,1901	8. BIFT	TNPLACE (State or Foreign nity)
9a. FACILITY NAME (If not institution, give s Balto. Co. Ge:					or Location of D	EATN	9c. CC	Balto	
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT Md.	Baltimore	2	10c. CITY	Reis	ation terstown				10d. INSIDE CITY LIMITS? 1 ☐ YES 2√ NO
100. STREET AND NUMBER 101 Glyndon Dr	ive				IOI. ZIP CODE	.136	10g. C	ITIZEN OF	WHAT COUNTRY? USA
11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. AR	MED NO	If yes,	ECENDENT OF NISPA specify Cuban, Maxic ES 2 NO Speci	en, Puerto Rica	Specify Yea or No— in, etc.)	Bia	CE — American Indian, ack, Whita, etc. ecity: White
15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12) 8th Grade	CATION completed) College (1-4 or 8	(Gi	ive kind of w Do NOT use		nost of working	16b. K/	ND OF BUSINESS/I	NDUSTRY	
17. FATHER'S NAME (First, Middle, Last) William F.	Ernst				16. MOTHER'S NA Emma	_	dle, Maiden Sumame Traupe)	
19a. INFORMANT'S NAME (Type/Print) Mr. Gary A. Mull	en				s Ave. Ba				
20a, METNOD OF DISPOSITION XX Burlai 2 Cremetion 3 Ram 4 Donation 5 Other (Specify)	noval from State	other pla	ace)	TION (Name of c	cemetery, crematory or		20c. LOCATION Bal		Town, Stata re, Md.
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1			AND ADDRESS OF F	ACILITY	1100/ D		
	L. C.	ene		Elin	e Funeral	L Home			erstown Rd. n, Md. 2113
23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one can		e constant	ot enter the n	node of dying, su	ch as cardia	Reister	stown	n, Md. 2113 Approximate Interval Between Onset and Death
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition	e	Sardia	OUENCE OF	ot enter the n	node of dying, su	ch as cardia	Reister	stown	n, Md. 2113 (Approximate Interval Between Onset and Death
22. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	e	(OR AS A CONSEC	OUENCE OF	ot enter the n	Myo	co.rd/	Reister	stown arrest,	n, Md. 2113 (Approximate Interval Between Onset and Death
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions.	e	(OR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF	OUENCE OF	ot enter the n	ing cause given in	Part I. 2-	Reister c or respiratory 4a. WAS AN AUTOPS PERFORMED? VES 2 NO	stown arrest,	Approximate Interval Between Onest and Death Onest and Death Onest and Death Onest and Death Onest and Death Onest and Death Onest and Death Onest and Death Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest Onest
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23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 S Netural 8 Pending	B. 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Part I. 2- 1 Part I. 2- 2 Other (5 28d. DESCR	Reister: c or respiratory As. WAS AN AUTOPS PERFORMED? YES 2 NO	STOWN arrest, The Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Co	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Dea

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
MD 7220 Park Heights

132. REGISTRATES SIGNATURES DE JUIA DAVIDOS MANDES

Baltimore

MD

80515

Ave.

	7	#
6,	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	L DIRECTOR: After this certificate has been signed by the attending physician and completely fill
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ING F	After
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5	R	B
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

	10)	-		***		2. DATE (OF DEATH DAY	K		3. TIME OF DEATH
	HELEN J.						26		ÖP	11:00 A
242-24-9126	6. SEX	8. AGE (In yrs. lest		MONTHS DAY		7. DATE (Month	Dev. 1927		TH CAROLIN	
a. FACILITY NAME (If not institution, giv	re street and number)	- 0)		9b. CITY, TOW	N OR LOCATION OF D		7 1721	9c. COUNT		
1609 EXETER RD.					INSTER			CARF		
De. STATE 10b. COUL	NTY		10c. CITY	r, TOWN OR LO	CATION					10d. INSIDE CITY
MARYLAND C	ARROLL		WE	ESTMINS	TER					1 TYES 2 NO
A SOO TOVENTED DD					101. ZIP CODE 21157			USA .		HAT COUNTRY?
1609 EXETER RD.	12. WAS DECEDENT	EVED IN II O ADI	uen.	1 42 1440	DECENDENT OF HISPA	ANC OBION	2 (Canally Wes			Animalana tadian
Never Merried 2 Merried Wildowed 4 Divorced	FORCES? 1 [IF YES, OIVE WA	YES 2 N	0	If yes,	, specify Cuben, Mexic YES 2 NO Speci	en, Puerto F	r (Specify Year lican, etc.)	or No.— 14	Black, Specify	— American Indien, White, etc.
15. DECEDENT'S E		16e. DE	CEDENT'S	USUAL OCCUP	ATION	16b.	KIND OF BUS	INESS/INDUS	STRY	
(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	Hin	ve kind of w Do NOT use	vork done during se retired.)	most of working					
12				NURDES	AID		HEALT	H		
7. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, A	fiddle, Maiden	Surname)		
	MARVIN WIL	SON				SUDIE	DIME	4		
De. INFORMANT'S NAME (Type/Print)					et end Number or Rura					
STUART W. BAKER	JR.	1	609 E	EXCEPTION	RD., WEST	MINST	ER, M	0. 211	157	
METHOD OF DISPOSITION Buriel 2 Cremation 3 R	emoval from Stale	other pla	ice)		cemetery, crematory or			CATION — CI		
☐ Donation 5 ☐ Other (Specify) _		EV.	ERGRE		ORIAL GAR			NKSBURG, MD. 21048		
1. SIGNATURE OF FUNERAL SERVICE	N-A	La company	to	22. NAMI	E AND ADDRESS OF F					CHAPEL 21117
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Check only on State only on State only on State only on State only on State only on State only on State only on State only on State only on State only on State only on State only on State only on State only on State only on State only on State only on State only on State only on State only on State only on State only on State only on State only on State only on State only on State only on State only on State only on State only on State only on State only on State only on State only on State only on State only on State on State only on State only on State only on State only on State only on State only on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on State on	24a. WAS AN PERFOR 1 YES 2 To (Specify) CRIBE HOW II ATION (Street a or Town, State)	AUTOPSY IMEP? NO NJURY OCCU and Number of	JRED or Aural A d. cause(e)	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

BALTIMORE, MARYLAND 21203-3146	car nours after death. Page 6 may be retained by the hospital or attending physician.	rifiled in by the funeral director, page 5 should be detached for use as the burial-transition, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 wours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trains be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HOSPITAL	TO THE FUNERAL be filed within 72	IMPORTANT: If

	1 - STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAF	TMENT	OF H	EALTH	AND N	MENTAI	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)		- 0.		IOAIL	- 01	DEA		2. OATE	OF DEATH			3. TIME OF DEATH
	Dorothy K. Mud	gett							MONTH	1 D	1990	YEAR	4:43 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. OATE	OF BIRTH	1		IPLACE (State or Foreign
	057-09-7984	1 🗆 M 2 💢 F	84	YRS.	MONTHS	DAYS	HOURS	MIN.		2 19,	1906	Countr	y York
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN C	R LOCATIO	N OF DE		- 179		NTY OF D	
8	Carroll Lutheran	Village			We	stm	inste	r			C	arro	11
5	RESIDENCE OF DECEDENT												
DIRECTOR		ltimore		19c. CIT	Y, TOWN O								10d. INSIDE CITY LIMITS?
	Maryland Ba	Itimore			Rei		stow				T		1 - YES 2 X NO
RA	3 E. Cherry Hi	11 DA				101	ZIP CODE	1136			10g. CITI		VNAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13.3	MAS DEC				I? (Specify Ye	a or No		
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2 XN		1	f yes, sp		n, Maxicar	n, Puerto f	Ricen, etc.)	07 NO.	Speci	E — American Indian, k, White, etc. #y: Inite
	15, OECEOENT'S EDU (Specify only highest grade				USUAL O				16b.	KIND OF BU	SINESS/INC	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	life	Do NOT u	work done (se retired.)	Junny mo	SE OF WORKES	g					
N N	12			Aı	rtist								
8	17. FATHER'S NAME (First, Middle, Last)									Middle, Malden			
BE	Edwin V. Krei	dler								elsch			
2	19a. INFORMANT'S NAME (Type/Print)			_						ber, City or Tow			01126
	Barbara A. Reim		20b. PLACE		Cher				Re		SCOWN CATION -		1. 21136
	20a. METHOD OF DISPOSITION 1	noval from State	other pla	ece)	coll								
	21. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE	-	Call			ID ADDRES		CILITY	па	mpste	au,	rid .
	. C. Busin	Pone	el		E1	ine	Fune	ral	Home				stown Rd. Md.21136
ERTIFICATION	shock, or heart fellure. iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. A LLO DUE TO	OR AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSEC	DUENCE O	PF): PF):	obo	Van	ula	r di	sear			Interval Between Onset and Death
3	PART II. Other algnificant conditio	na contributing to	death but not r	maultino	In the un	derlyla	COURA	duan in	Part I	24m. WAS AN	ALITOROV	246	WERE AUTOPSY FINDINGS
N: MEDICAL	Parhinson's d		Hyper .	tens,		deriyiii	, cease (PERFO	AMED?	240	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF O	EATN (Ch	eck only or	ne)			
\Si	1 TES 2 NO	1 Inpatient 2	ER/Outpetient 3	□ DOA	4 X Nur		e 5 🗆 Re	sidence	8 🗆 Othe	r (Specify)			
ВУ РН	27. MANNER OF OEATN 1 Netural 5 Pending Investigation												
	3 Suicide 6 Could not be determined	28e. PLACE 0 building,	F INJURY At ho etc. (Specify)	ome, farm,	street, fact	ory, offic			281. LOC C/ty	ATION (Street or Town, State	and Number	or Rural i	Route Number,
COMPLETED	2 MEDICAL EXAMIN						eath occur	ed at the	time, data				s) and manner as stated.
O BE	MATURE AND TITLE OF CERTIFIE	Lusla	MM				29c. LICE	S 54	MBER		29d. DAT	7 - 2	(Month, Day, Year)
	James L. Forsbe:	rg, M.D.	SE OF PEATH THE		shin	sto	nR	di	Nes'	fuir	ter	m	1 21157
	JUL 27 '90	0	dron-Rand	00									

1 - FOR STATE REGISTRAR	STATE OF MARYLA		IENT OF HEALTH AND I	WENTAL HYGIEN	Ε	
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATN
HENRY AUBR	REY	MARSI	AT.T.	JULY 27	7 . 1990	5:40 AM M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (n yrs. lest birthday)F	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	8. BI	RTHPLACE (State or Foreign puntry)
213-40-6040	M 2 F	85 YAS.	NTHS DAYS HOURS MIN.	AUGUST 2,		ARYLAND
PHYSICIANS ME			LA PLATA		СНА	RLES
10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATION			10d. INSIDE CITY LIMITS?
MARYLAND CHAR	RLES	POM	FRET		10a CITIZEN (1 X YES 2 NO
ROUTE #2 BOX 290	12. WAS DECEDENT EVER IN	III S. ARMED	20675	IIC ORIGIN? (Specify Yes		STATES
1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 TNO	If yes, specify Cuben, Mexica 1 YES 2 ANO Specifi	n, Puerto Rican, etc.)		Hack, White, etc.
15. DECEDENT'S EDUCA (Specify only highest grade of	TION	16a. DECEDENT'S US	UAL OCCUPATION	16b. KIND OF BUS	INESS/INDUSTF	ny .
	College (1-4 or 5+) NONE		done during most of working tired.) ON SUPERVISOR	GOVER	NMENT	
17. FATNER'S NAME (First, Middle, Last) WILLIAM HARRY MARS	ВНАТ.Т.		7.5	ME (First, Middle, Maiden CLARK MAR		
19e. INFORMANT'S NAME (Type/Print)	7141111	19b. MAILING AD	ORESS (Street and Number or Rural)
ROSE E. MARSHALL			2 BOX 290 POMF			675
20s. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remov 4 Donation 6 Other (Specify)	of from Cinto	other place)	ON (Name of cemetery, crematory or S CHURCH CEME'	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	CATION — City of	MARYLAND
21. SIGNATURE OF FUNERAL SERVICE LICE	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		22. NAME AND ADDRESS OF FA		,	12200
LYDIA C. THORN	Marticon TON JOHNSON	MAKSOK	THORNTON'S F	UNERAL HOM	E, POMO	NKEY, MARYLAN
23. PART I. Enter the diseases, Dr cD ehock, or heert fellure. Li			enter the mode of dying, suc	h as cardiac or respi	ratory srrest,	Approximate Interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death)	Respira	lorg to	rilure			Onset and Death
resuming in death) . a.		CONSEQUENCE OF				
Sequentially list conditions, b.	Secure	Emplu	Thus.			
If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):				
cause. Enter UNDERLYING CAUSE (Disesse or Injury	DUE TO (OR AS A	CONSEQUENCE OF):				
that initiated events resulting in death) LAST						
PART II. Other significant conditions	contributing to deeth b	ut not resulting in	the underlying cause given in			24b. WERE AUTOPSY FINDINGS
D. Carringo a c	H works			PERFOI	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Th /V SX			1 T VES	□ NO	
reamina	therex			1 YES 2	! □ NO	OF DEATH? 1 YES 2 NO
- FREMINIO	LL (N X			1 _ YES 2	NO NO	
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C		NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C	neck only one)	NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 6 Pending	HOSPITAL:		THER: Nursing Home 5 Residence F 28c. INJURY AT	neck only one)		1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 P NO 27. MANNER OF DEATN	HOSPITAL: 1 Impatient 2 ER/Outs	28b. TIME (INJUR	THER: Nursing Home 5 Residence F 28c. INJURY AT WORK? M 1 YES 2 NO	eck only one) 6 Other (Specify)	INJURY OCCURE	1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 6 Pending Investigation 3 Suicide 6 Could not be datermined 29e. CERTIFIER 1 CERTIFUNG PHYSICI	HOSPITAL: Rinpatient 2 ER/Outs 26e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Special	28b. TIME (INJUR	OTHER: Nursing Home 5 Residence OF 28c. INJURY AT WORK? M 1 YES 2 NO et, factory, office	eck only one) 6 Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Town, State	INJURY OCCURE	1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 6 Pending Investigation 3 Suicide 6 Could not be datermined 29e. CERTIFIER CORECK ONLY	HOSPITAL: Rinpatient 2 ER/Outs 26a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Specials)	28b. TIME CINJUR 7 — At home, farm, stre	THER: Nursing Home 5 Residence F 28c. INJURY AT WORK? M 1 YES 2 NO	6 Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Yown, State)	NJURY OCCURE and Number or A	1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 6 Pending Investigation 3 Suicide 6 Could not be datermined 29e. CERTIFIER CORECK ONLY	HOSPITAL: Rinpatient 2 ER/Outs 26a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Specials)	28b. TIME CINJUR 7 — At home, farm, stre	OTHER: Nursing Home 5 Residence OF 28c. INJURY AT WORK? M 1 YES 2 NO et, factory, office at the time, dete and place, end du	6 Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Town, State) to the cause(s) end me time, date end place, en	and Number or A	1 YES 2 NO

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (MONTH OF THE TOTAL)

32 REGISTRAR'S SIGNATURE.

DHMH-16 Rev 1/89

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIEN	_	
1. DECEDENT'S NAME (First, Middle, L	ast) a k a Mat				2. DATE OF DEATH DATE		3. TIME OF DEATH
ELIZABETH	a.k.a. Mat				07 23	90	9 45P M
4. SOCIAL SECURITY NUMBER	5, SEX 6. AGE (UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 8 - 20 - 19]	C	IRTHPLACE (State or Foreign ountry)
578-90-6991 90. FACILITY NAME (If not institution, s			L CITY, TOWN O	R LOCATION OF DE		9c. COUNTY	M C .
PRINCE GEORGE	S HOSPITAL CEN	ITER	CHEVER	LY		PRINCE	GEORGE'S
10e. STATE 10b. CO			OWN OR LOCAT		-		10d. INSIDE CITY LIMITS?
Md. P	rince George	Те	emple	HILLS ZIP CODE			1 X YES 2 NO
2603 Kentin	g Street		0.0	20748		USA	OF WHAI COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 (40	If yes, spe		IIC ORIGIN? (Specify Yen, Puerto Ricen, etc.)		RACE — American Indien, Black, White, atc. Specify; Dite
15. DECEDENT'S (Specify only highest	EDUCATION grade completed)	16a. DECEDENT'S USI	done during mos		16b. KIND OF BU	SINESS/INDUST	RY
Elemantary/Secondary (0-12) 12th grade	College (1-4 or 5+) 1	Homema			Domes	stic	
17. FATHER'S NAME (First, Middle, Las				16. MOTNER'S NA	ME (First, Middle, Meiden		
WIlliam Smi	th Sr.			Clara	Green		
190. INFORMANT'S NAME (Type/Print) Dwight Maso	n				noute Number, City or Tow Mechani		e, Md.2065
20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 4 Donation 5 Other (Specify)	Removel from State	other place) 10. Veter	ON (Name of cen	netery, cremetory or	20c. LC	CATION - City	or Town, State
21-SIGNATURE OF FEMERAL SERVICE		P	22. NAME AN	D ADDRESS OF FA	CILITY		Inc. d. 20604
immediate cause (Final disease or condition resulting in dasth) Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	DUE TOY (OR AS	A CONSEQUENCE OF): CONSEQUENCE OF): A CONSEQUENCE OF):	Alex Order Un4	de lam	h Des	UP W.	Interval Between Onset and Death
PART II. Other significant cond	d.	out not resulting in t	tha underlying	; cause given in	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMBLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSBITAL:	10	26. PL	ACE OF DEATH (C)	eck anly one)		-
1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Dispatient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year)	patient 3 DOA 4	OF 28c. INJ	URY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED
2 Accident Investiga 3 Suicide 6 Could no	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, stre		/ES 2 NO	281. LOCATION (Street City or Town, State	end Number or F	Rural Route Number,
torroom only	PHYSICIAN: To the best of my know				time, date end place, e	nd dua to the ca	ONED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSO	N WNO COMPLETED CAUSE OF D	EATN (ITEM 27) (Type, Pr	int)		7	10	
31. DATE FILED (Month, Day, Year) JUL 26 '90	32. REGISTRAR'S SIGN	NATURE SON-Randelle					

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the hos	detach	once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hos	TO THE FLINERAL UNECTUR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the state of the State Dent of Health and Mental Horiene prior to Durial. commission, or removal.	IMPORTANT, if tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
retain	5 sho	notifi
тау ре	r, page	st be
age 6	directo	or mu
eath. P	uneral	amin
after d	y the 1	cai es
HOURS	ed in b	тед
hin 23	mation.	t, the
ted with	TO THE PLACEAL UNECTUR. After this certificate has been signed by the attending physician and completely filled in by the first and the signed by the first and the signed by the first and the signed by the signed with the State Beat of Health and Mental Hydere price to build. Cremation, or removal	even
noecn	n and or	matic
cate be	hysicia e prior	er tra
certif	Hvaien	or oth
death	Nemtal	ury,
that the	d by th	my in
quires	n signe	OWS 2
law rec	as beer	23 sh
The The	State D	Hem
SICIA	certifi th the	d, or
TAL OR ATTENDING PHYS	ter this	marke
TENDI	TOR A	28 kg
OR AD	DIRECT	Item
SPITAL	NERAL No. 72	= =
HE HO	田田田	ORTA
A	57	MP

TO BE COMPLETED BY

FOR 1 - STATE	STATE OF MARYI	AND / DEPARTM	ENT OF HEALTH AND	MENTAL HYGIENE	90	2180
REGISTRAR		CERTIFICA	TE OF DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)		100		2. DATE OF DEATH	Y YEAR	3. TIME OF DEATH
ELIZIABETH	(NMI) Y	JOBLE		10Ly 22		4 ° A
4. SOCIAL SECURITY NUMSER	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	(In yrs. lest birthday) IF U	NDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	7. OATE OF BIRTH (Month, Day, War)	Coun	HPLACE (State or Foreign
578-01-0322	1 M 2 KF	76 YRS.	HS DAYS HOURS MIN.	2 5 18	94 5.	CAROLINI
9a. FACILITY NAME (If not institution, give			CITY, TOWN OR LOCATION OF C	EATH	9c. COUNTY OF	
FORT WASHINGTO	ON REHAB (ENTER P	T. WASHING	DN	PG.	
RESIDENCE OF DECEDENT						
10a. STATE 10b. COUN	ry .		WN OR LOCATION			10d, INSIDE CITY LIMITS?
IND P.	9.	FORE	st Heights			1 X YES 2 NO
10e. STREET AND NUMSER			101. 211 CODE		10g. CITIZEN OF	WHAT COUNTRY?
113 CREE DR	IVE		20745		U.S	
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS OECEDENT EVER		13. WAS OECENDENT OF HISPA If yes, specify Cuban, Mexic		or No- 14, RAC Ble	CE — American Indian, ck, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	DATES	1 TYES 2 NO Spec		Spe	BIACK
15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT'S USU/	AL OCCUPATION	16b. KIND OF BUS	INESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Domesti	one during most of working			
NH		Domesti				
17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Melden S	Surname)	
NOT KNO	WIL		MARTH		V	
19a. INFORMANT'S NAME (Type/Print)			RESS (Street and Number or Rura			
WILLIAM NOR	SLE	113 CR	EE DR. FOR	LEST HEIGHT	K, MD	20745
20a METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Res	20	b. PLACE OF DISPOSITION other place)	N (Name of cemetery, cremetory or	20c. LOC	CATION — City or 1	Town, State
4 Donation 5 Other (Specify)	moval from State		Memorial Ce	metery	Sui	tland.Md
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		22. NAME AND ADDRESS OF F	ACILITY		
Jahr 1.7	Slewa	VIII	Stewart Fu 4001 Benni		_	
23. PART I. Enter the diseases, or	complications that cause	d the death. Do not e	nter the mode of dying, su	ch as cardiac or respir	ratory arrest,	Approximate
MMEDIATE CAUSE (Final	. List only one cause on	eech line.				Onset and De
disease or condition	= - /= \	16				
resulting in death)	a. JSChens	A CONSEQUENCE OF:	13 EAS 6			378305
7		A vonceducitor or j.				
Sequentially list conditions,	bDUE TO (OR AS	A CONSEQUENCE OF):				
If any, leading to immediate cause. Enter UNDERLYING		TO THE STATE OF A				j
CAUSE (Disease or injury	C. DUE TO (OR AS	A CONSEQUENCE OF):				
that initiated events resulting in death) LAST		,				· ·
	d					
PART II. Other aignificant condition	one contributing to death	but not resulting in th	e underlying cause given is			b. WERE AUTOPSY FINDIN
				PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUS
					_ NO	OF DEATH?
				_		1 YES 2 NO
						11179
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	26. PLACE OF DEATH (C	heck only one)		
1 YES 2 NO	1 Inpatient 2 ER/Out	tpatient 3 DOA 4	Nursing Home 5 - Residence	6 Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW IP	NURY OCCURED	
a D autota	28e. PLACE OF INJUR	Y — At home, farm, street		281, LOCATION (Street a	nd Number or Pers	Route Number
4 Homicide determined	building, etc. (Spe	ecity)		City or Town, State)		

29a. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the be tion and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s)

29b. SIGNATURE AND TITLE OF CENTURE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)
JUL 27 90 1163864

32. REGISTRAR'S SIGNATURE

DHMH-15 Rev 1/89

1.

•	1 -	FOR STATE REGISTRA
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ı		Ronio

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERT	IFIC/	ATE O	F DEATH	F	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH		1172	3. TIME OF DEATH
Benjamin Thomas	s NICHO	T.SON				Tulv	23		YEAR	1:30 A ^M
4. SOCIAL SECURITY NUMBER		E (in yrs. lest birtho	fav) IF I	JNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF		, 17		IPLACE (State or Foreign
579 14 1453	1 🖳 M 2 🗆 F	82 YR	S. MON	THS DAY	S HOURS MIN.	Nov. 2	ny, Year)		Mar	yland
9a. FACILITY NAME (If not institution, give str AMI Doctors Hos	-		-		n dr location de d	EATH			INTY OF E	
RESIDENCE OF DECEDENT	sprear			annai	II. Ma			Pri	nce.	George's
Maryland Princ				wn DR LO	cation 1boro					10d. INSIDE CITY LIMITS? 1 YES 2X NO
10e. STREET AND NUMBER					10f. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
18705 Queen Anne					20772					States
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	Never Merried 2 Merried FDRCES? 1 YES 2 ND IF YES, GIVE WAR OR DATES						ipecify Yes n, etc.)	or No-	14. RAC Blac Spec	E — American Indian, k, White, etc. White
15. DECEDENT'S EDUC (Specify only highest grade	CATION Completed	16a, DECEDER	NT'S USU	AL OCCUP	ATION most of working	16b. KI	ND DF BUS	INESS/IN	OUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Plumb	OT use ret	ired.)	most of working	Se	1f E:	mplo:	ved	
17. FATHER'S NAME (First, Middle, Last)		1 2 dilli	,,,,,		18. MOTHER'S NA			_	yeu	
Walter T. Nichols	son					Cranfo		ourname,		
19a. INFORMANT'S NAME (Type/Print)		19b. MAI	LING ADD	RESS (Stre	et and Number or Rural	Route Number,	City or Tow	n, State, Zi	p Code)	
Mary N. Lagana		18	3705	Quee	n Anne Ro	ad Up	per 1	Mar1	boro	Md. 20772
20e, METHOD OF DISPOSITION 1 \(\times \) Buriel 2 \(\times \) Cremation 3 \(\times \) Remo 4 \(\times \) Donation 8 \(\times \) Other (Specify)	oval from State	other place)			nal Cemet					own, State ryland
21. SIGNATURE OF FUNERAL SERVICE LIC				22. NAM	AND ADDRESS OF F	ACILITY				L y Lund
▶ Robert E.	Evans	Pre	۵.		11-Evans					land 20715
23. PART I. Enter the diseases, or c	omplications that cau		Do not o							Approximate interval Between
ahock, or heart feliure. I IMMEDIATE CAUSE (Final disease or condition			ı		ANICE	10				Onset and Death
resulting in death)	DUE TO (OR A	S A CONSEDURA	E OF):		110 00	5 '				of warm
A CONTRACT NO CONTRACT OF	. Chra	m c	PL	1/2	ANCE	DI	000	n.		5 you
Sequentielly list conditions, if any, leading to immediate cause, Enter UNDERLYING	DUE TO (OR A	S A CONSEQUENC	CE OF):		J					
CAUSE (Disease or Injury that initiated events	DUE TO (OR A	S A CONSEQUENC	CE OF):							
resulting in death) LAST	d									
PART II. Other algnificant condition	a contributing to dest	h but not result	ing in ti	ne underl	ying cause given in	Part I. 24	a. WAS AN		24	b. WERE AUTOPSY FINDINGS
						1	PERFO			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
						_				1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				20	S. PLACE OF DEATH (C	back only one)				
EXAMINER?	HOSPITAL:	Subnetlant 3 1 Di		THER:	Home 8 - Residence		innoth()			
27. MANNER OF DEATH	28a. DATE OF INJU	RY 28b	. TIME OI	F 28c	INJURY AT	28d. DESCR		NJURY O	CCUREO	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Ye	M/)	INJURY		WORK?					
3 Suicide 8 Could not be determined	28e. PLACE DF INJ building, etc. (arm, stree	t, factory,	office		DN (Street lown, State)		er or Rural	Route Number,
CONTROL OTHY	CIAN: To the best of my k									(e) end menner se stated.
29b. SIGNATURE AND TITLE DF CERTIFIE	1	1			29c. LICENSE NO	JMBER		29d. DA	TE SIQNE	D (Month, Day, Year)
,	(angi	Nova	1 m	S	03	769)	•	7/2	23/20
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM 27)	(Type, Prii	nt)		•				
					,					
31. DATE FILED-(Month Cay, Year)	Julia Davidson									

BALTIMORE, MARYLAND 21203-3146

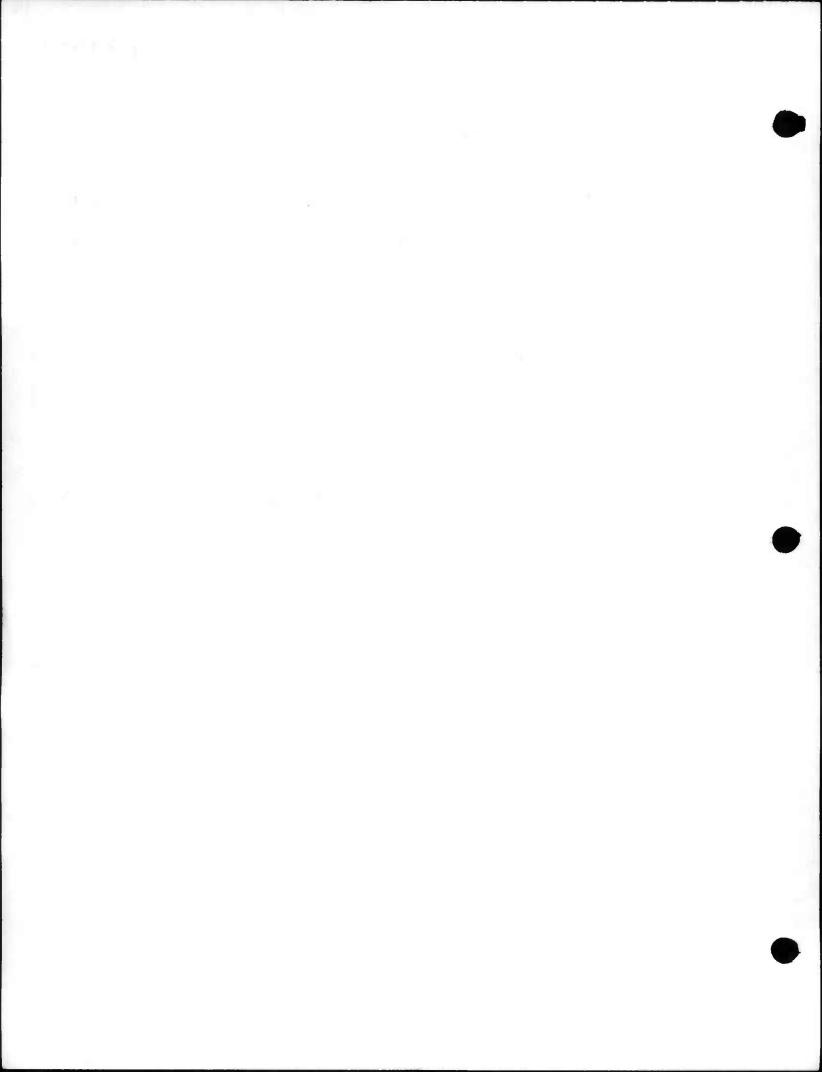
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

THE HIGHTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 moust after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH-15 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trope be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
RECORDS, P	w requires that the deat	been signed by the atte	shows any injury,
N OF VITAL	VG PHYSICIAN: The lan	ter this certificate has ath with the State Dep	marked, or item 23
DIVISIO	THE HOSPITAL OR ATTENDIF	THE FUNERAL OIRECTOR: At the filed within 72 hours after de	MPORTANT: If Item 28 is i

	1 - STATE REGISTRAR	CERTIF	ICATE (OF DEATH	REG. N	10.		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH	
	Bethina Louella	N	icho	11	MONTH	DAY 1995	653/ W	
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (in yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7 DATE OF BIRTH	/	BIRTHPLACE (State or Foreign	
	28 A7-1751 10 M2 FF			YS HOURS MIN.	3-8- 19	06 1	Country)	
	9a. FACILITY NAME (If not institution, give street end number)	O-T					4	
	9a. FACILITY NAME (If not institution, give street end number)			WN OR LOCATION OF D	EATH	9c. COUNTY		
Ö	Peninsula General Hospita	a1	Sali	sbury		Wic	comico	
DIRECTOR	10a, STATE 10b, COUNTY		TY, TOWN OR L	OCATION			10d. INSIDE CITY	
2							LIMITS?	
	Maryland Wicomico	Man	аета	Springs			1 YES 2 NO	
4	10a. STREET AND NUMBER			101. ZIP CODE			OF WHAT COUNTRY?	
띮	R t. 1 Box 656			21837		U.S.	A	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDI	NT EVER IN U.S. ARMED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Specify	Yea or No — 14.	RACE — American Indian, Black, White, etc.	
	IF YES, GIVE	1 YES 2 NO		s, specify Cuben, Mexico YES 2 NO Specific				
B	3 Widowed 4 Divorced						Black	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life to NOT use retired.) DO MESTIC 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Last) 19. MOTHER'S NAME (First, Middle, Last)						BUSINESS/INDUST	TRY	
山	Elementery/Secondery (0-12) College (1-4 or	ilfe. Do NOT i	(Give kind of work done during most of working life. Do NOT use retired.)					
집	12	Domes	tic		Non	е		
8	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	AME (First, Middle, Maid	ien Sumeme)		
Ö	Louis Dashiell			Sara C	oulbour	1701		
8	19e. INFORMANT'S NAME (Type/Print)	195 MAII IN	AOORESS (S)	reet and Number or Rural			del	
2	John Church			6 Mardel				
	20s. METHOD OF DISPOSITION				-	9		
	Buriel 2 Cremetion 3 Removal from State	Springhi	SITION (Name	of cemetery, cremetory or		LOCATION — City		
	4 Donetion 5 Other (Specify)	- bhuingm				ebrom,		
	21, SIGNATURE OF FUNERAL SERVICE LICENSEE		22, NAI	ME AND ADDRESS OF F	ACILITY	821 W	est Rd.	
	Mondey B Stee	INIT	Cli	mtom F.	Stewart	-Sallis	. Md. 21801	
	23. PART I, Enter the diseases, or complications the	nat caused the death. Do						
	shock, or heert fellure. Liet only one c						Interval Between	
	IMMEDIATE CAUSE (Final disease or condition	12 0/ 1	/	10 +	10		Onset and Death	
	resulting in deeth) a	acua 19	40 Caro	real for	farction)			
ı	OUE 1	O (OR AS A CONSEQUENCE	11-1	2001				
Z	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):							
Ĕ	if any, leading to immediate	O (OR AS A CONSEQUENCE O	OF):					
2	cause, Enter UNDERLYING CAUSE (Disease or Injury							
는	that initiated events resulting in desth) LAST	O (OR AS A CONSEQUENCE	OF):					
CERTIFICATION	d							
	PART II. Other significent conditions contributing	to death but not resulting	in the under	riving cause given in	Part I 24a WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS	
DICAL		0 00 0	-	1100kg		FORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ă l	End-Stage Ken	(Disease	10	Negroso	1 TYES	2 AO	OF DEATH?	
ME			_				1 - YES 2 - NO	
ż				,				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			a. PLACE OF OEATH (C	heck only one)			
Sic	EXAMIMER? 1 YES 2 NO 1 Inpatient 2	ER/Outpettent 3 DOA	OTHER:	Home 5 - Residence	6 Other (Specify)			
主	27. MANNER OF DEATH 280. DATE	OF INJURY 28b. TI	ME OF 26	c. INJURY AT	28d. DESCRIBE HO	W INJURY OCCUP	RED	
	1 Natural 5 Pending	Day, Year) IP	IJURY M	WORK?				
BY	2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE	OF INJURY — At home, ferm	street, factory.	office	28f. LOCATION (Stre	eet and Number or	Rural Route Number.	
品	4 Homicide 6 Could not be building	g, etc. (Specify)			City or Town, St	ate)		
<u> </u>	29e. CERTIFIER							
<u>4</u>	(Check only							
COMPLETED	2 MEDICAL EXAMINER: On the beele of	examination end/or investigat	ion, in my opin	ion, death occured at th	e time, date end place	, end due to the c	euse(a) and menner as stated.	
ш	296. SIGNATURE AND TITLE OF CERTIFIER	11	· · · ·	29c. LICENSE NU	JMBER	29d. DATE S	IGNED (Month, Day, Year)	
00	(Benet S. 1	haw 40		11-20	30.50	D 7	/23/90	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA	AUSE OF DEATH (ITEM 27) (Typ.						
	BENITO J. CHA.	N 547-	DP	var sinte	B. No	like 1	402/801	
1)	31. ONE FILED (Month) Day, Year) (132. REGIST	MAR'S SINGSTURE	100	and active to	(40	1	,	
10	JUL 2	war-hander						

BALLIMORE, MARYLAND ZI	urs after death. Page 6 may be retained by the hospital of	by filled in by the funeral director, page 5 should be detached for nation, or removal.	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR					ICATE				MENTAI	REG. NO.		10	1
	1. PECEDINT'S, NAME (First) Rebecca N		on							2. DATE OF DEATH ONLY OR OR OR OR OR OR OR OR OR O				3. TIME OF DEATH
	4. SOCIAL SECURITY NUME 238-07-882		6. SEX	6. AGE (In yrs. le	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE	Dev. Year)		Country	PLACE (State or Foreign
	94 FAOILITY NAME (If not in	etitution, give s	treet and number) I			9b. CITY,	TOWN C	R LOCATI	ON OF DE	- 17		9c. COUN	ITY OF DE	
OR	Bon Secours Hospital				Ba	ltin	ore							
ECT	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10			10c CI1	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY	
NE C	Md.					Balti								LIMITS?
7	10e. STREET AND NUMBER			- 4	JOSE OF		ZIP COD	E	10g, CITIZEN (ZEN OF W	HAT COUNTRY?	
ER/	738 N. Fulton Avenue						2121	7				USA		
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced			YES 2	ARMED 13, WAS DECENDENT OF HISPAN			NIC ORIGIN? (Specify Yes or No - 14.			14. RACE Black	- American indian, White, atc.		
	15. DEC	EDENT'S EDU	CATION	160 D	FCEDENT'S	USUAL OC	CHEATIC	iA.I		1 405	KIND OF BUS	INECC (IND		Prack
ETE	(Specify onl	highest grade	completed) College (1-4 or 5	(0	Give kind of a Do NOT u	work done a	luring mo	st of working	g	100.	KIND OF BUS	HNESS/IND	USINT	
COMPLETED				Homemaker				Home						
O	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, A	Aiddle, Maiden	Surname)			
BE C	Sam Ramsa	У						I	nev	Lewi	8			
TO B	190. INFORMANT'S NAME (ype/Print)		16	b. MAILING	ADORESS	(Street e				oer, City or Town	n, State, Zip	Code)	
F	Lillie M. T	urner			738 1	. Fu	ltor	AVE		Balto	. Md.	21	217	
	20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cametery, crem other place) 20b. PLACE OF DISPOSITION (Name of cametery, crem other place)					natory or		20c. LO	CATION —	City or Ton	vn, Btate			
	4 Donation 5 Other/Specify) New Cath				dral Cemetery				Baltimore, Md.					
	22. NAME AND ADDRESS OF FACILITY Gary L. Kaufman Funeral Homes 5695 Main St., Elkridge, Md. 21						1227							
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. RISPIRATORY ABRRITATION DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING													
CERTIFI	CAUSE (Disease or Injury that initieted events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS													
_	PART II. Uther algnitica	int condition	na contributing to	death but not	resulting	in the un	derlyin) cause	givan in	Part i.	1 YES 2	IMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
MEDICAL								_						
MEDICAL												1		
MEDICAL	25. WAS CASE REFERRED J EXAMINER?	O MEDICAL	HOSPITAL:			OTHER	1 :		•	eck only or		,		
MEDICAL	EXAMINER? 1 YES 2 NO	O MEDICAL	1 Inpetient 2	☐ ER/Outpatient	_	4 🗆 Nun	t: ing Hon	e 5 □ R	•	6 🗆 Othe	r (Specify)	, ,	NIDEO	
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CON	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname)							
B E	George W Nicholson Mary E Sullivan 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
PM	's Katherine Rose 9105 Winding Way Ellicott City Md 21043							
	20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City or Town, State other place)							
	4 Donetton 5 □ Other (Specify) Lorraine Park Woodlawn Maryla:	nd						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Harry H Witzke Funeral Home Inc 4112 Old Columbia Pike Ellicott Cit	v						
	23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF):							
ERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
ITH	resulting in death) LAST							
EDICAL CI		E PRIOR TO TION OF CAUSE						
2	1 YES	3 2 NO						
PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL 26. PLACE OF DEATH (Check only one)							
YSIC	EXAMINER? 1 YES 2 DWO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 8 Residence 3 Other (Specify)							
ву Рн	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 28. DATE OF INJURY (Month, Day, Year) 28. DATE OF INJURY Sear) 28. DATE OF INJURY WORK? 1 YES 2 NO 28. INJURY AT WORK? 1 YES 2 NO							
	3 Suicide 6 Could not be determined 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)	ber;						
COMPLETE	29s. CERTIFIEN (Check only one) 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.	nor se stated.						
BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, 0)	gy, Year) 1 J 2						
10	Win Flowers m > 1/055 L. He Policy College College of Death (ITEM 27) (Type, Print)	2 /						
	31. DATE FILED (Month, Day, Year) JUL 13 390 Julia Davidson-Randale							

of sixing new main new territors

SHOW BRITHLINE BOKS

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	Molly
	1.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTI	FICATE O	F DEATH	REG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Lest) Ellen R. Not	ole			2. DATE OF DEATH MONTH DV	AY 90 YEAR	3. TIME OF DEATH 0350 PM	
	4. SOCIAL SECURITY NUMBER 5. SEX 216 - 38 - 6183 1 □ M 2 以 F	6. AGE (In yrs. last birthda) 51 YRS.	MONTHS DAY	8 HOURS MIN.		8. BIR Cou 1938 Ma		
TOR	9a. FACILITY NAME (If not institution, give street and number) Greater Laurel-Beltsville RESIDENCE OF DECEDENT	Hospital	96. CITY, TOW	IN OR LOCATION OF DE	ATH	Prince	George	
DIRECTOR	10s. STATE 10b. COUNTY Maryland Howard		etty, town on Lo Lumbia	CATION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	7451 Oakland Mills Road			21 046		S.A.		
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 M Divorced		2 NO If yes, specify Cuban, Maxican				CE — American Indian, ack, Whita, etc. ochy: White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of the Do NOT	T'S USUAL OCCUP of work done during T use retired.)	ATION most of working	0.4 (20-22000) 2.33	SINESS/INDUSTRY	,	
獎	Grade 10 17. FATHER'S NAME (First, Middle, Last)	Fabri	cator	18 MATHED'S NA	ME (First, Middle, Maiden	Corpora	ition	
	Ernest William Grimes			17.	M. Whiteh			
TO BE	19a. INFORMANT'S NAME (Type/Print)	C20-0111-0-0		eet and Number or Rural F	Route Number, City or Tox.	n, State, Zip Code)		
F	Dorothy L. Phelps				licott Cit			
	20s. METHOD OF DISPOSITION 1	206. PLACE OF DISE other place) Metro Cr	iematory			ition - City or Town, State Insuille, Maryland		
Î	21. SIGNATURE OF PUNERAL SERVICE UCENSEE	Mr.	Don		aury veral Home, veLaure		and 20707	
	23. PART I. Enter the dispesses, o complications that shock, or heart failure. List only one cause IMMEDIATE CAUSE (Final disease or condition	e on each line.	o not enter the	mode of dying, suc			Approximate Interval Between Onset and Death	
_	IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): AMO DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury							
CERTI	that initiated events resulting in death) LAST							
DICAL	PART II. Other significant conditions contributing to	death but not resultin	ng in the under	lying cause given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)							
SIC	EXAMINERS 1 Ses 20 No No Inpetient 2 Ses 20 No No No No No No No No No No No No No	ER/Outpatient 3 DO/	OTHER:	Home 5 - Residence	6 Other (Specify)			
ВУ РНУ	27. MANNER OF JEATH A 28s. DATE OF (Month, District State of Accident Investigation		INJURY	WORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURED		
	3 Suicide 28e. PLACE OF	F INJURY — At home, fen etc. (Specify)	m, street, factory,	office	261. LOCATION (Street City or Town, State		al Route Number,	
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of examiner: On the best of examiner:						(a) and manner as stated.	
TO BE C	296, OFFINITURE AND TITLE OF CERTIFIER MM UM UMU UMU UMU UMU UMU UMU UMU UMU	m		29c, LICENSE NUI	MBER 133	1 7	26 26	
	MARTIN WELL TXIX	0001110	y con (you gre	on best r	ND So	770	
	31. DATE FILED (Month, poy. 2007) 190 32. REGISTRA	's signature Nia Dauldson—A	andall	0				

A | P | P | P |

<i>a</i> s		
etache	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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Jonathan Fears

31. DATE FILED (Month, Day, Year)
JUL 27 90

1. DECEDENT'S NAME (First, Middle, Last)			E OF DEATH	REG		a This or artis
W/ 1/1 A10-	ATLITAM KELMO	ND NICH	OLS, SK.	2. DATE OF DEA		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. I	last birthday) IF UND	ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRT	CD 9	BIRTHPLACE (State or Foreign
579-01-1404	1 № 2 □ # 83	YRS. MONTHS		05-19-	bar)	orth Carolin
9e. FACILITY NAME (If not institution, give st	11 03	9b. CIT	Y, TOWN OR LOCATION OF D			Y OF DEATH
Charlotte Hall	Veterans Hom	ne Ch	arlotte Ha	11	St.	Mary's
Maryland St.	Mary's	10c. CITY, TOWN	or LOCATION arlotte Ha	11		10d. INSIDE CITY LIMITS? 1 YES XX NO
10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
Maryland Vet	erans Home		2062	2		U.S.A.
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES	ARMED 13	I. WAS DECENDENT OF HISPA If yea, specify Cuban, Mexic 1 YES 2 NO Speci	en, Puerto Rican, a		I. RACE — American Indian, Black, White, atc. Specify:
15. DECEDENT'S EDUC	CATION 16a. I	DECEDENT'S USUAL	OCCUPATION	185 KIND (OF BUSINESS/INDUS	White
(Specify only highest grade Elementary/Secondary (0-12)	College (1.4 or 5.4)	(Give kind of work done ife. Do NOT use retired.	during most of working		ıse Paiı	
17. FATHER'S NAME (First, Middle, Last) William Mac	k Nichols			AME (First, Middle, M	Maiden Surname) Villoby	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRES	SS (Street and Number or Rural	Route Number, City	or Town, State, Zip Co	ode)
Marianne Ordway	7	1604 Co	lonial Way	,Frede:	rick, Md	.21701
20x METHOD OF DISPOSITION The Burial 2 Cremetion 3 Remo	oval from State 20b. PLAC Mall	y Tand V	eterans Ce	metery2	oc. Location — cit Cheltei	or Town, State nham , Md.
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		NAME AND ADDRESS OF F			
•			Arehart Fu			
23. PART i. Enter the diseesea, pr		death. Do not ente	P.O. Box 5 or the mode of dying, eu			
IMMEDIATE CAUSE (Final	a. Pueumon Due to (on as a cons		Lung (A		interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONS	EOUENCE OF):				
that initiated eventa resulting in death) LAST	DUE TO (OR AS A CONS	EOUENCE OF):				
PART II. Other significant condition	s contributing to death but no	t regulting in the u	underiving cause given in	Part I. 24s. V	AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
				P	ERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
				' ' '	YES 2 NO	OF DEATH?
						1 T VER 2 T NO
				_		1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)		1 _ YES 2 _ NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 □ Inpatient 2 □ ER/Outpatient	3 DOA 4 N	ER:		(v)	1 YES 2 NO
EXAMINER? 1				6 Other (Speci	ny) How injury occu	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient 26e. DATE OF INJURY	3 DOA 4 No	ER: ursing Home 6 Residence 28c. INJURY AT WORK? 1 YES 2 NO	6 Other (Special 28d. DESCRIBE	HOW INJURY OCCU	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only)	1 Inpatient 2 ER/Outpatient 26e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJURY — At building, etc. (Specify) CIAN: To the bast of my knowledge,	3 DOA 4 No No 26b. TIME OF INJURY M home, farm, street, fa	ER: ursing Home 6 Residence 28c. INJURY AT WORK? 1 YES 2 NO ctory, office	6 Other (Special 28d, DESCRIBE 28d, DESCRIBE 28f, LOCATION (City or Town as to the cause(s) as	HOW INJURY OCCU Street and Number or Street	RED Aural Aoute Number,
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only)	1 Inpatient 2 ER/Outpatient 26e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJURY — At building, etc. (Specify) CIAN: To the bast of my knowledge, R: On the base of examination and/o	3 DOA 4 No No 26b. TIME OF INJURY M home, farm, street, fa	ER: ursing Home 6 Residence 28c. INJURY AT WORK? 1 YES 2 NO ctory, office	8 Other (Special 28d, DESCRIBE 28d, DESCRIBE 28f, LOCATION (City or Yown as to the cause(a) as a lime, data and plants.	HOW INJURY OCCU Street and Number or State) nd menner as stated ace, and due to the	RED Aural Aoute Number,

M.D., Prince Frederick, Maryland 20678
32. REGISTRAR'S SIGNATURE
Julia Davidson-Gandelle

	FOR STATE REGISTRAR	STATE OF MARY	(LAND / DEPART CERTIFIC	MENT OF H		REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Lest) John	Harold	Olse	n		2. DATE OF DEATH MONTH 7/24/	90 YE	3. TIME OF DEATH 5:50 AM M	
	4. SOCIAL SECURITY NUMBER 213-03-4179	5. SEX 6. AG		IF UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH	a. s	BIRTHPLACE (State or Foreign Maryland	
OR	9s. FACILITY NAME (If not Institution, give str Anne Arundel Med			Annapo	r location of dea lis	NTH	anne Anne	of DEATH Arundel	
DIRECTOR	10a. MATE 10b. COUNTY	Anne Arundel "Severna Park			iek	10d. INSIDE CITY LIMITS? YES 2 N			
FUNERAL	100. STREET AND NUMBER ROad			101. ZIP CODE 21146			109. CITIZEN OF WHAT COUNTRY?		
B≼	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	2 FORCES? 1 FES 2 If yes, specify Cur			city Culpin, Mexican	DENT OF HISPANIC ORIGIN? (Specify Yea or No— y Culput, Mexican, Puerto Rican, atc.) 14. RACE — American Indian, Black, Whita, etc. Specify: Specify: Specify:			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5 +)	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 1. **The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the stat			DM Distributing Co.			
OMP	17. FATHER'S NAME (First, Middle, Lest)		Driver			DIM DIS		ing Co.	
BEC	Andrew Olsen Mary						07.0		
٩	Mrs. Mildred D. Olsen 196. INFORMANT'S NAME (Type/Print) 623 Ochse Road			d Number or Hural H	Severna		MD 21146		
	20a. METHOD OF DISPOSITION 1 Define 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	wal from State	GTENERALE OF DISPOSI	n Cemeto	netery, crematory or		CATION — CITY Burnie	or Town, Stata	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ensee Box	Janeo	The second second	o Funera		tchie verna I	Hwy. Park MD 21146	
	23. PART I. Enter the diseases, or control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the control in the c		n sach line.	an Cl		as cardisc or reapl	ratory arrest	, Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DOV MULLION WAS IN TO (OR AS A CONSEQUENCE OF): d.								
PHYSICIAN: MEDICAL (PERFORMED? 1 YES 2 NO COMPLETION OF COORDEATH?						24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF OEATH (Che				
PHYS	27. MANNER OF OEATH 1 Natural 5 Pending	28s. DATE OF INJUI	RY 28b. TIME	OF 28c, IN.	URY AT DRK?	28d. DESCRIBE HOW I	NJURY OCCUR	EO	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be datarmined	28e. PLACE OF INJ building, etc. (URY — At home, farm, st Specify)		YES 2 NO	26f. LOCATION (Street City or Town, State)		Rural Route Number,	
COMPLETED	one)	CIAN: To the best of my lo						suse(s) and menner as stated.	
BE	29b. SIGNATURE AND TITLE OF CENTURE	ow 4	12	•	D22	083	29d. DATE S	GNED (Month, Day, Var)	
2 30. NAME AND ADDRESS OF BERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typa, Print) 13 26 Bayhead Rd. Annapolis								2/40,	

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

REGISTRAR CERTIFICATE OF DEATH REG. NO.											
1. DECEDENT'S NAME (First, A	fiddle, Last)			X	1		2. DATE	OF DEATH		YEAR	3. TIME OF DEATH
HARRY		BARNES			OWE	ns	Jul			90	1350 M
4. SOCIAL SECURITY NUMBER		- Y	E (In yrs. les		F UNDER 1 YEA		7. DATE	OF BIRTH	1		PLACE (State or Foreign
220-12-17	75	1X M 2 🗆 F	64	YRS.	ONTHS DAY	HOURS MIN.	DEC.	h, Dey, Year)	25		RYLAND
9a. FACILITY NAME (If not insti		reet and number)	- 0 1	1	b. CITY, TOW	N OR LOCATION OF		0,		NTY OF D	
Peninsula Ge	neral	Hospital			Salis	hues			1.7	icom	ino
RESIDENCE OF DECE		1			Dull	sbury			W	rcom	100
	IOD. COUNTY			10c. CITY,	TOWN OR LO	CATION					10d, INSIDE CITY LIMITS?
MARYLAND	MT	COMICO		PI	TTSVI	LE					1 TES 2 NO
10e. STREET AND NUMBER						10f. ZIP CODE			10g. CITI	ZEN OF V	VHAT COUNTRY?
RT 1, BOX	97					21850				US	A
11. MARITAL STATUS	001100	12. WAS OECEOENT EVE FORCES? 1 YE	R IN U.S. AR	MED		ECENDENT OF HISP specify Cuban, Mexi-			or No-	14. BACE Black	E — American Indian, k, White, etc.
1 Never Married 2 X M 3 Widowed 4 Olvoro		IF YES, GIVE WAR OF	DATES			ES 2 X NO Spec		rirouri, aro.)		Spec	lly:
		NATIONAL C	_	4800 3757	_						WHITE
15. DECEL (Specify only I	DENT'S EDUC highest grade	completed)	(G	CEDENT'S U we kind of wo Do NOT use	SUAL OCCUP	MTION most of working	188	. KIND OF BU	SINESS/INC	USTRY	
Elementary/Secondary (0-1	2)	College (1-4 or 5 +)	1	JILDER				GILLIS	BIIT	ם שח ז	c
10 YEARS		NO	В	JILDER			1			וייוטניו	.0
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) DEV HOLIARD DATE OWENS MINNTE (Unk) TAYLOR											
REV. HOWARD		DALE	OWE			MINNI		(Unl			JUK
19a. INFORMANT'S NAME (Typ						et and Number or Rura					
HELEN OWENS						7, PITTSV		_	2 1850		
20a. METHOO OF DISPOSITIO	3 🗆 Rem	5/90 oval from State	other pi	ace)		cemetery, crematory o	r		CATION —		
4 Donation 5 Other (Specify) PARSONS CEMETERY SALISBURI, FID											יוט
21. SIGNATURE OF FUNERAL	SERVICE LIC			,		AND ADDRESS OF		HOME P	Δ		
HOLLOWAY FUNERAL HOME, PA 501 SNOW HILL RD, SALISBURY, MD 21801											
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate											
shock, or her	ert fallure.	List only one cause or	each line					·			Interval Batween Onset and Death
IMMEDIATE CAUSE (Fina disease or condition	d'i	60.14	401×5			01 151	1 4	011	(3.41	6	7.00
resulting in death)	•	DUE TO (OR A	COOS	CEC	- C	RCINDO	(7)		UN	0	THOMILE
		DOE TO (ON A	a A CONSE	eoelice or,	•						i
Sequentially list condition		DUE TO (OR A	S A CONSE	OUENCE OF							-
If any, leeding to immediceuse. Enter UNDERLYIN											
CAUSE (Disease or Injury that initiated events	y \	DUE TO (OR A	S A CONSE	QUENCE OF)							
resulting in deeth) LAST					4.						
PART II. Other significan	condition	s contributing to deat	h but not i	resulting in	the underl	ying cause given	in Part I.	24a. WAS AN PERFO		248	AVAILABLE PRIOR TO
COYD								1 TYES	NO		COMPLETION OF CAUSE OF DEATH?
											1 TES 2 NO
25. WAS CASE REFERRED TO	MEOICAL					. PLACE OF DEATH (Check only o	ne)			
EXAMINER?		HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/0	Outpatient 3		OTHER: 4 - Nursing I	iome 5 M Residenc	a 8 🗆 Oth	er (Specify)			
27. MANNER OF DEATH		28a. DATE OF INJU		28b. TIME	OF 28c.	INJURY AT	28d. OE	SCRIBE HOW	INJURY OC	CUREO	
1 Wetural 5 P	ending westigation	(Month, Day, Ye	m')	INJU		WORK? YES 2 NO					
a C Suista	CONTRACT.	28e, PLACE OF INJ		ome, farm, st	reet, factory, o	office	28f. LO	CATION (Street	and Numbe	r or Ruml	Route Number,
	3 Success a Could not be building, etc. (Specify) 4 Homicide determined City or Town, State)										
29a, CERTIFIER											
(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											
			ation and or	miveetigeston	, in my opinio		1134 20	a and piece, a			
29b. SIGNATURE AND TITLE	OF CERTIFIE		^			29c. LICENSE N	HUMBER	7	29d. DA	E SIGNE	O (Month, Day, Year)
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30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUSE OF	_			ACT COM	14 -		411	10	DE
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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

OHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR

THE CONTROL OF SHAPE SHAPE (PART) A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART AND A LOSE OF PART A		- STATE REGISTRAR	STATE OF MAN	CERTI	FICATE	OF DE		REG. I			
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	E OF MARYLAND	DEPARTM			MENTAL HYGIEI	NE	U	21010			
The World	1. DECEDENT'S NAME (First, Middle, Last) THERESA	OR	EILL		DEATH	2. DATE OF DEATH		YEAR	TIME OF DEATH AM			
	4. SOCIAL SECURITY NUMBER 0.50 - 0.3 - 1857 1 m.	0	YRS. MON	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	03	POL 1				
TOR	9a. FACILITY NAME (If not institution, give atreet and not be a seen and not be a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen as a seen	ENERAL	96.		ALLS TO		_	TIME				
DIRECTOR	10a. STATE 10b. COUNTY MD HOWA	RD	ELL	WN OR LOCAT	T CIT	·V			d. INSIDE CITY LIMITS?			
FUNERAL	3626 BLUE HILL C	7		101.	ZIP CODE 2/14-3		10g. CITIZ	S, A	T COUNTRY?			
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COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOME MAKER											
COM	17. FATHER'S NAME (First, Middle, Last)		7.0.72	7711112	18. MOTHER'S N	AME (First, Middle, Maide	,					
BE	FREDERICK BULMAN 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
5	WARREN G'REILL					ELLICOT			021043			
	20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from 4 Donation 6 Other (Specify)	Stata 20b. PLACE other p	iace)		vetery, crematory of		OCATION - C		M D			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Harry H, U	litake		41120	OLUMBI	FACILITY						
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cordisc or respiratory arrest, abook, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) BRAINSTEM HEMBRITHOUS OF STEMPONIA 2° TO NOCAR DIA											
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):	2 6	Noc	ARDIA						
PHYSICIAN: MEDICAL C	PART II. Other significent conditions contril	outing to death but not	resulting in the	nderiying	g cause given i	Pert I. 24a. WAS A PERF. 1 TYES	AN AUTOPSY ORMED?	AN CO	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO			
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 In Inp.	ITAL:		THER:	ACE OF DEATH	Check only one)						
ву РНУ		tural 5 Pending (Month, Day, Year) INJURY WORK? M 1 YES 2 NO										
	A PROGRAMM	PLACE OF INJURY — At h building, etc. (Specify)	ome, farm, stree	t, factory, offic		28f. LOCATION (Stree City or Town, Sta		or Rural Rou	te Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the one) 2 MEDICAL EXAMINER: On the								nd manner as stated.			
BE CO	29b. SIGNATURE AND TITUE OF PERTIFIER	w			29c. LICENSE N				fonth, Cay, Year)			

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1870a, Print)

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	FOR STATE REGISTRAR	STATE OF M			TMENT OF H				GIENE					
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	Margar		6. AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER	24 HBS	7. DATE OF BI	19			0450		M
	578-36-4673	1 🗆 M 2 💢	61	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, 7-8-	Year)		Course		_	-
	90. FACILITY NAME (If not institution,	, give street and number)			9b. CITY, TOWN C	OR LOCATIO	ON OF DEA		1 7 2 7	9c. COUN	TY OF DI	EATH		
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IREC		COUNTY	-		, TOWN OR LOCAT	ION						10d. INSIDE		
	Md I	Prince Geo	rge	Adelphi 101, ZIP CODE						10g. CITIZEN OF WHAT COUNTRY?			0	
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	21. SIGNATURE OF FUNERAL BERY		1		22. NAME AF		SS OF FAC	HUTY			_			
	+ Held	1. Xalo	14		Harde	sty	Fun	eral :	Home	7		gely olis		re.
	23. PART I. Enter the diseases, or complications that causes the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or hairt failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentially list conditions, If any, feading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
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ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pendin 2 Accident Investig			26b, TIM INJ		JURY AT ORK? YES 2] NO	26d. DEŞCRIB	E HOW IN	JURY OCC	URED			
	3 Suicide 6 Could not be determined 25. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 25. LOCATION (Street and Number or Rural Route Number, City or Town, State)													
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2	30. NAME AND ADDRESS OF PERS		SE OF DEATH (ITE	M 27) (Type,	Print)	Δ.	ve -	T-1 . L	ai	vree	m	-	70-	7
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DIRECTOR	10a. STATE 10b. COUNTY	TOOMER	-	TOWN OR LOCATION	SPRIA	19		100	I. INSIDE CITY LIMITS? YES 2 NO		
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COMPLET	Elementary/Secondary (0-12) 8th	College (1-4 or 5+)	life. Do NOT use	ing Aid		Pı	rivate				
Š	17. FATHER'S NAME (First, Middle, Last)			1			, Maiden Surname)				
BE (James Roberts	on	,		France						
0	19a. INFORMANT'S NAME (Type/Print) Azalee Harris	on Doughto:		DDRESS (Street and					r Spring		
	20a, METHOO OF DISPOSITION			TION (Name of comete		opr rite	20c. LOCATION -				
	1 Densition 5 Qther (Specify)	rel from State C	other place) //_	emetery				wood			
	21. SIGNATURE OF CONERAL SERVICE LICE		///	22. NAME AND	ADORESS OF FA	CILITY E.	1. Dudle	y,s f	uneral		
	· 4m	9)	11000	home	3200 13nd	Rhode	eisland	Ave	Mt Raini		
	23. PART i. Enter the diseases, or co	mpileations that caused t	tha death, Do no	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s					Approximate		
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fine) disease or condition resulting in death) a. ACUTE MYOCARDIA INFARCTION MINUTES OUE TO (OR AS A CONSEQUENCE OF): D. ALITRIOSCUERETIC CARDOVINIUM DURASE YEARS										
	resulting in death) a.	OUE TO (OR AS A C	CONSEQUENCE OF	TRDIAL	INT	FRC 1	/ 0~		MINUTES		
CERTIFICATION	Sequantially list conditions, if any, leading to immediate	ARITERIO DUE TO (OR AS A C	SCLERA CONSEQUENCE OF)	TIC CO	ryards	scular	Due	asa	Years		
S	cause. Enter UNDERLYING CAUSE (Disease or injury										
E	that initiated eventa resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF)	•							
G	d.		<u> </u>								
ICAL	PART II. Other significant conditions DIBBETES MER	contributing to death but		1	ause given in		WAS AN AUTOPSY PERFORMED? YES 2 HO	AM CO	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE		
MEDICAL		7					100 22110		DEATH?		
Z											
PHYSICIAN:		HOSPITAL: L		OTHER:	CE OF OEATH (Ch						
14S	1 PYES 2 NO 27. MANNER OF CEATH	1 Inpetient 2 ER/Outpet	lient 3 DOA	4 Nursing Home OF 28c. INJUR			ecify) BE HOW INJURY O	CCURED			
	1 Netural 5 Pending	(Month, Day, Year)	INJU	IRY WORK	(? S 2 □ NO						
TED BY	3 Sulcide a Could not be building, atc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28b. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my knowle	dge, death occurred	d at the time, data ar	nd place, and due	to the cause(a) and menner as at	ated.			
OM	CONDUCTORITY	: On the basis of axaminetion							id menner as stated.		
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	10 Depu	My Me	dienp :	UCENSE NUI	WBER 7	29d. DA	TE SIGNED (M	ogth, Day, Year)		
5	DRULAULUNU 30. NAME AND AGORESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type,	Print)	101:16	277	LIATTE	1112	ma)		
	Day A AFLAD	= MI) 42	0340	4th OU	KY	-0 /7	44111	1100	- 181		

DHMH-18 Rev 1/89

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF				MENTAL	HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) Thomas	Procto	OR				2. DATE MONTH	OF DEATH DAY		YEAR	3. TIME OF DEATH 955 A M	
	4. SOCIAL SECURITY NUMBER 217–28–1660	⊉© M 2 □ F	In yrs. lest birthdey) 56 vrs.		DAYS	IF UNDER 24 HRS. HOURII MIN.	9 (Month	OF BIRTIN Day, Year) 14 33		Country)	MCi •	
TOR	98. FACILITY NAME (If not institution, give so MAKOIM Grow RESIDENCE OF DECEDENT	treet and number) Medical CL	r.	And		s Af	B B		9c. COUNT	P OF DE	9	
FUNERAL DIRECTOR	10e. BTATE 10b. COUNTY			10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?		
IL DI	MCI . P	.G.		Clint	_	ZIP CODE			10g. CITIZE		1 YES 2XCXXX	
VER/	7512 Surratts R					20735			US	SA		
B	11. MARITAL STATUS 1 Never Married	12. WAS DECEDENT EYER II FORCES? 12-YES IF YES, GIVE WAR OR D.		If	yes, spec	NDENT OF HISPA city Cuben, Mexico 2 XXIVO Special	en, Puerlo F		or No— 1	H. RACE - Black, Specify	- American Indian, White, atc. Black	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT us	usual occ work done do se retired.)	uring most	N t of working	16b.	Silve			ncrete	
BE COM	17. FATHER'S NAME (First, Middle, Last) Walter A. Procto	r				16. MOTHER'S NA Maude			Surname)			
10	190. INFORMANT'S NAME (Type/Print) Eleanor E. Procto	r		address e as		Number or Rural	Route Numb	ber, City or Town	, State, Zip C	Code)		
	20s. METHOD OF DISPOSITION W Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	ovel from State	PLACE OF DISPO other place) Resurrec	SITION (Nen	ne of ceme	etery, cremetory or			ation — ci			
	21. SIGNATURE OF FUNERAL SERVICE LIC		(an)	22. N 66	33 C	o ADDRESS OF FA	cande	r Ferry	eral y Roa	Home d	,Inc.	
CERTIFICATION	IMMEDIATE CALICE (Final	a. Acute he DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DU	ech iine.	ist.							Approximate interval Between Onset and Death	
MEDICAL CE	PART II. Other algnificent condition	a contributing to deeth b	out not resulting	in the und	deriying	cause given in	Part I.	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL				26, PL/	ACE OF DEATH (C	heck only or	70)				
PHYSICIAN:	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 DOA	OTHER 4 - Nurs		5 - Residence	6 🗆 Othe	er (Specify)				
ву Рн	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)		JURY M		RK? ES 2 NO		SCRIBE HOW IP				
	3 Buicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	r — At home, farm, cf(y)	street, facto	ory, office			ATION (Street a or Town, State)	nd Number o	or Rural Ro	oute Number,	
COMPLET	(Oriect Orie)	ICIAN: To the best of my know ER: On the beele of examination									end manner as stated.	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE Levels Code 30. NAME AND ADDRESS OF PERSON WITH	up By My	EATU ATEM ON /Ton	Dulant		29c. LICENSE NU			29d, DATE	SIGNED	(Month, Pey, Year)	
	31. DATE FILED (Month, Dey, Year)	111	955	6 C	RE	in ,	Hur	1 01.	ges,	Ma	rether Mp	
	JUL 27 '90	Like Tavidor-A									12	

EDIVISION OF VITAL RECORDS, P.O. BOX 13146,

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THE PROSMING OF WITENDING PHYSICIAN: The law requires that the death certificate be executed within 2 would better death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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WE	as be	ept.	23
The	ite hi	ate C	E
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YSICI	S cer	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	d, c
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-	FOR STATE REGISTRAR	STATE	OF MA	RYLAND / DEP	ARTMENT OF			HYGIENE REG. NO.	
1. D	DECEDENT'S NAME (First, Middle, Last)	.An	thony	Payton	4.	,	2, DATE OF	F DEATH	,

	1. DECEDENT'S NAME (First, Middle, Lest)	Anthony	Paytor	D2-1	VZ	40	h		2. DATE OF MONTH	DEATH DAY	199	
	4, SOCIAL SECURITY NUMBER 353-03-8036	5. SEX 6	AGE (In Vrs. les	t birthday) YRS.	IF UNDER	DAY8	IF UNDEI HOURS	R 24 HRS. MIN,	7. DATE OF I	ынтн 73 м 16ек) 5-21	B. Bill Co	HTHPLACE (State of Foreign Linity) Kentucky
FUNERAL DIRECTOR	98. FACILITY NAME (If not institution, give st	reet and number)	Itsvi	161	100	<u>e</u>		ION OF DE	EATH /		c. COUNTY O	FRONG ES
DIRE	Maryland Princ	e George			у, тожК .aure		TION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
BAL	7607 Old Sandy Sp	ring Road				10	1. ZIP COD	707			USA	F WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried, 2 Merried 3 Widowed VD Divorced	12. WAS DECEDENT I FORCES? 1 & IF YES, GIVE WAF	VES 2 N	MED		If yes, ap		an, Maxica	NIC ORIOIN? (S in, Puerto Rice y:			ACE — American Indian, lack, White, atc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(G	cedent's ive kind of v Do NOT us	work done ne retired.)	during m	ost of work	ing		rpente		Y
BE COM	17. FATHER'S NAME (First, Middle, Lest) Jimmytom Payton 18. MOTHER'S NAME (First, Middle, Meiden Surneme) Eliza Jane Boweny											
TO B	198. INFORMANT 5 NAME (hyperfinit)									20707		
	204.WETHOD OF DISPOSITION 1 (1) Buriel 2 Cremation 3 Remote to Donation 5 Other (Specify)		20b. PLACE other place CYOWA	ecel	e ME) Ve	ts.	Ceme	tery	Crown	SV111	e. MD
_	21. SIGNATURE DE FUNERAL SERVICE LA	Sul oat	da	1	76	01	Sand:	y Spi	Fle ring R	ck Fun d. Lau	eral rel,	Home, Inc.
23. PART./. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such se cerdicc or shock, or heart failure. List pnly one cause on each line. IMMEDIATE CAUSE (Finel disease or condition reaulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							DI	ſ.	Approximate Interval Between Onset and Death			
MEDICAL	PART II. Other significant condition	es contributing to d	eeth but not o	resulting	In the u	ndariyli	ng cauaa	given in		PERFORME	D?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	EB/Outpatient 1	d'an	OTHE	R:			heck only one)	No.		
	27. MANNER OF DEATH Netural 5 Pending	28a. DATE OF II (Month, Day	NJURY	26b. TIM		28c. IN	JURY AT ORK?			IBE HOW INJU	JRY OCCURE	0
TED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Nomicide detarmined	26s. PLACE OF building, at	INJURY — At he	ome, farm,	street, fac	ctory, off	lca			ON (Street and Town, State)	Number or Ru	iral Route Number,
COMPLET	(Oriect Oriny	ICIAN: To the best of m										ise(a) and manner as stated.
TO BE O	296. SIGNATURE AND TITLE OF CERTIFIE	D-Dea	2 OF DEATH (ITE	EM 27) (Type	a, Print)		29c, LH	CENSE NU	97		DATE SIG	NED (Month, Day, Year)
	31. DATE FILED (Month, Day, Year) JUL 27 '90	32. REGISTRAR										
	Ó	Julia Davidson	~ gandal	2								DHMH-16 Rev 1/89

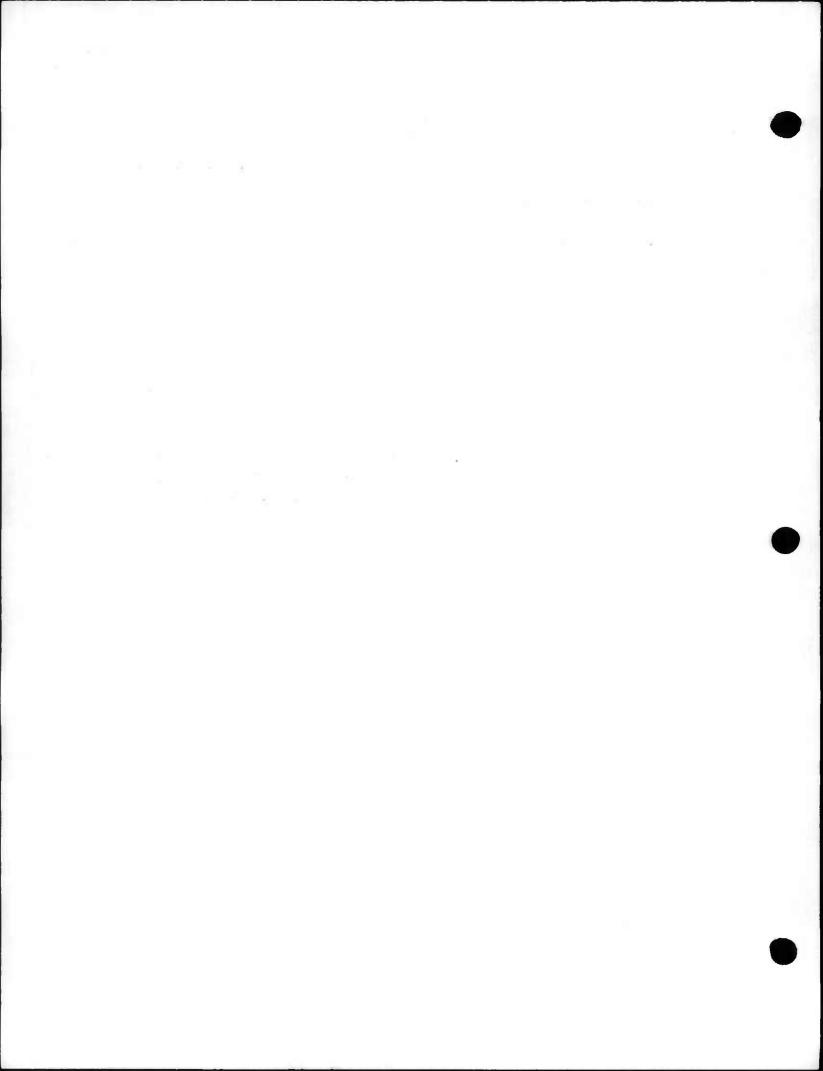
1	-	FOR STATE REGISTR	ΑĦ
П.	_	EOEDENITIO	21.0

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	CATE OF	DEATH	REG. NO	ł.					
	1. DECEDENT'S NAME (First, Middle, Lest) JOYCE FRAN	1020	rnell	′	7 2		YEAR 3. TIME OF DEATH				
i	4. SOCIAL SECURITY NUMBER 213-14-6184 9a. FACILITY NAME (If not institution, give street and number)	67 YRS.	FUNDER ! YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		923	e. BIRTHPLACE (State or Foreign Country) HEAD-OF-THECRE				
E CH	Peninsula General Hospital RESIDENCE OF DECEDENT		Salis	OR LOCATION OF DE	ATH		ity of death				
DIMECTOR	MD. 10b. COUNTY Wicomic		TOWN OR LOCA SBURY	ATION			10d. INSIDE CITY LIMITS? 1 YES 2 1 NO				
FUNERAL	100. STREET AND NUMBER 1010 EAST ROAD			01. ZIP CODE 21801		10g. CITIZ	USA				
2	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT FORCES? 1 FYES, GIVE WAR	YES 2 NO	If yes, s	cendent of Hispan pecify Cuben, Mexica S 2 NO Specify			14. RACE — American Indian, Black, White, etc. AFRO — AMERICAN				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 12 th	16a. OECEDENT'S US (Give kind of wor life. Do NOT use of DOMES	rk done during m retired.)	ON ost of working HOUSEKEEP							
	17. FATNER'S NAME (First, Middle, Lest)			18. MOTNER'S NA	ME (First, Middle, Maider	Sumame)					
	BENJAMIN PI	ERRY	DODESC OF	and thereby as Charles	ELSIE Route Number, City or Tov	JONES					
2	JAMES PURNEL			SAME AS A		vn, State, Zip	(2009)				
	20s. METHOD OF DISPOSITION 20s. METHOD OF DISPOSITION 20s. PLACE OF DISPOSITION (Name of cometer), crematory or 20s. LOCATION — City or Town, State 3 Donetton 5 Ditter (Specify) This is a control of cometery, crematory or 20s. LOCATION — City or Town, State STaJAMES METHODIST CEMETERY HEAD—OF—THE CREEK, N										
	21. SIGNATURE OF TUNERAL SERVICE LICENSES Service B. Jolly	_		EY MEMORI SBURY, MC		,RTE.	2, BOX 920				
	shock, or heart failure. List only one cause on asch lina. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
	CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d										
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. GI BLED FROM (09MA) N 1 YES 2 NO										
	1 YES 2 NO										
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	T	26.	PLACE OF DEATH (C)	eck only one)						
	1 ☐ YES 2 ☐ MO 1 ☐ Inpatient 2 ☐ i 27. MANNER OF DEATN 28e. OATE OF IF			me 5 🗆 Residence	8 Other (Specify) 28d. DESCRIBE NOW	INJURY OCC	CURED				
	1 Natural 5 Pending (Month, Day		RY V	ORK? YES 2 NO							
	2 Accident investigation 3 Suicide 6 Could not be detarmined 4 Nomicide Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of m										
ıl	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU		29d. DATI	E SIGNED (Month, Day, Year)				
0 8	They they				278		7/21/90				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE Gregory Thompson	n. Md.	10C	E. Cal	roll St.	Sa	lisbury Mo				
0	31. DATE FILED (400) Dey/ Year) 32 BEGISTRAR	SIGNATURE				,					



DHMH-16 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2 3 '90

She Tainton Burton

JUL

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DECEDENT'S NAME (First, Middle, L MARGIE SOCIAL SECURITY NUMBER				VAIL OI	DEATH	R	EG. NO.			
	est)					2. DATE OF D	EATH DA	v	YEAR	3. TIME OF DEATH
SOCIAL SECURITY NUMBER	ADELINE	3	PARK	ER		JULY		1990	TEAN	4:30 a
	5. SEX	6. AGE (In yrs. le		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF 8 (Month, De	IBTH		8. SIRTHP	LACE (State or Foreign
214-32-0959	1 🗆 M 2 💢 F	90	YRS.	ONTHS DAYS	HOURS MIN.	SEPT.		899	MAI	RYLAND
a. FACILITY NAME (If not institution, g	live street and number)			96. CITY, TOWN	OR LOCATION OF DE		,,,,		NTY OF DE	
1934 KINGSWOOD	DRIVE			SALI	SBURY			1.7	COMIC	20
ESIDENCE OF DECEDENT								11.	COIII	
Da. STATE 10b. CO	JNTY		10c. CITY,	TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?
MARYLAND	WICOMICO			SALISBU						1 YES 2 X NO
De. STREET AND NUMBER				10	of. ZIP CODE			10g. CIT	IZEN OF WH	IAT COUNTRY?
1934 KINGSWOOL	DRIVE				21801				USA	A
. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A			CENDENT OF HISPAI			or No-	14. RACE -	- American Indian, White, etc.
Never Married 2 Married Never Married 2 Married Never Married 2 Divorced	IF YES, GIVE V		Į.iio		S 2 XNO Specif		, 616.)		Specify	
										WHITE
15. DECEDENT'S (Specify only highest of	EDUCATION grade completed)	(Give kind of wo	SUAL OCCUPAT	ION lost of working	16b. KIN	D OF BUS	BINESS/IN	DUSTRY	
Elamentary/Secondary (0-12)	College (1-4 or 5	+)	e. Do NOT use	retired.)						
7 YEARS	NO		BOOKER	EPER		TF	UCK	ING C	COMPAN	ĬΥ
7. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle	, Malden	Sumame)		
JOHN WII	LIAM	JONES			LYDIA	UN	IK	G	IVANS	
e. INFORMANT'S NAME (Type/Print)		1	96. MAILING A	OORESS (Street	and Number or Rural	Route Number, C	ity or Town	n, State, Zi	p Code)	
VIRGINIA E GRAV	ENOR-DAUGE	ITER	1934 F	KINGSWO	OD DR. SA	ALTSRIE	Y. N	(D)	1801	
Na. METHOD OF DISPOSITION 7			OF DISPOSE		emetery, crematory or				City or Tow	n, Stata
Donation 8 Other (Specify)	Hemoval from State			EMORIA	L PARK		5	SALIS	BURY,	MD
1. SIONATURE OF FUNERAL SERVIC	E LICENSEE				AND ADDRESS OF FA					
Deton	Hallor				OWAY FUNI		,			
S DART I. Enter the diseases,					SNOW HILI					21801
MMEDIATE CAUSE (Finel disease or condition esulting in death)	D	(OR AS A CONSI	EQUENCE OF	N						Interval Betwee Onset and Dae
I any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury het initiated events eauiting in death) LAST	G	(OR AS A CONS		·						
Cauting in death) EAST	itiona contributing to	death but no	reaulting is	the underlyi	ng cause given in	Part i. 24		AUTOPSY	- 3	WERE AUTOPSY FINDING
PART II. Other significent cond	Atrial	fil	milat	pn			YES 2	Xno		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ART II. Other algnificent cond	Atrial	-fil	milat	26.1	PLACE OF DEATH (C)	1 (XNO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ART II. Other aignificent cond W S. WAS CASE REFERRED TO MEDICA EXAMINER?	Atrial HOSPITAL:	FRICumetan		OTHER:	14	1 [YES 2	Xno		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ART II. Other algnificent cond	Atrial		3 DOA	OTHER: 4 - Nursing Ho	me 5 Residence	1 [heck only one) B □ Other (Sp	YES 2			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
S. WAS CASE REFERRED TO MEDICAL EXAMINER?	Atrial HOSPITAL: 1 Inpetfant 2	FINJURY		OTHER: 4 Nursing Ho OF 28c. IN RY W	me 5 Residence	1 [YES 2			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Natural 5 Pending Investiget	AL HOSPITAL: 1 Inpetiant 2 ((Month, I	F INJURY Day, Year)	3 DOA 28b. TIME	OTHER: 1 Nursing Ho OF 28c. IN RY W 1	me 5 Realdence	1 [heck only one) 8 Other (Sp 28d. DESCRIII	YES 2	NJURY O	CCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending	AL HOSPITAL: 1 Inpetiant 2 (FINJURY	3 DOA 28b. TIME	OTHER: 1 Nursing Ho OF 28c. IN RY W 1	me 5 Realdence	1 [neck only one) 8 Other (Sp 28d. DE\$CRIII	YES 2	NJURY OO	CCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Natural 5 Pending Investiget 2 Accident 3 Suicide 6 Could no detarmine De. CERTIFIER (Check only 1) CERTIFVINO P	AL HOSPITAL: 1 Inpetiant 2 (FINJURY Ley, Year) PFINJURY — At the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start	28b. TIME INJU	OTHER: 4 Nursing Ho OF 28c, IN RY M 1 reet, factory, off	me 5 Realdence UJURY AT ORK? YES 2 NO ica	1 [B Other (Sp 28d. DESCRII 28f. LOCATIO City or 76	YES 2 octify) BE HOW I N (Street in win, State)	NJURY Od	or or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Natural 5 Pending investiget 3 investiget 4 homicide detarmine (Check only 2 MEDICAL EXAMINER) 1 CERTIFIER (Check only 2 MEDICAL EXAMINER) 1 CERTIFYINO P	AL HOSPITAL: 1 Inpetiant 2 Or (Month, inpetiant) 28e. PLACE 6 building and PHYSICIAN: To the best of	FINJURY Dey, Year) OF INJURY — At It etc. (Specify) If my knowledge, a examination and/o	3 DOA 28b. TIME INJU	OTHER: 4 Nursing Ho OF 28c, if W 1 Treet, factory, off	Realdence INTERPLET AT ORK? YES 2 NO Ica Ite and place, and du death occured at the	1 [B Other (Sp 28d. DESCRII 28f. LOCATIO City or 76	YES 2 octify) BE HOW I N (Street in win, State)	NJURY Od	or or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Pute Number, and manner as stated.

BESSIT NOTE

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach: be fled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	16 PH	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	nark
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JAMES KAPLAN, MD

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randsole

31. DATE FILED (Month, Day, Year)

FOR 1 - STATE REGISTRAR	STATE OF I		/ DEPARTI				MENTAL HYGIEI			
1. DECEDENT'S NAME (First, Middle		Ε.					2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
Jan:	LNE 5. BEX		chte:	-		7-24-90			11:48PM M	
	5. BEX 1 ☐ M 2 ½ F	6. AGE (In yrs. i		ONTHE DA	_	IF UNDER 24 HRS. HOURS MIN.	Month, Day, Year)	nr	Count	HPLACE (State or Foreign
043-66-7748 90. FACILITY NAME (If not institution	25	14		b CITY TO	WN OF	LOCATION OF DE		7	INTY OF I	necticut
	ospital					re City				
RESIDENCE OF DECEDE	NT		1							
Connecticut	New Haven		10c. CITY,	OWN OR L	OCATIO	Branf	ond.			10d. INSIDE CITY LIMITS?
	New Havell				101	ZIP CODE	OLG	10a, CIT	IZEN OF	1 YES 2 ND WHAT COUNTRY?
10e. STREET AND NUMBER 52 Ceda. 11. MARITAL STATUS 1 M Never Merrled 2 Merrle	r Knolls Dr	ive			10		525	100.00		5. A.
11, MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13. WAS	DECE		IIC ORIGIN? (Specify Y	e or No-		E — American Indian,
1 Never Married 2 Marrie 3 Widowed 4 Divorced		YES 2 X	NO	If yes	s, spec		n, Puerto Rican, etc.)		Spec	k, White, atc.
		- 11 - 11 - 11 - 1				22.00			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	White
(Specify only higher Elementary/Secondary (6-12) 10 17. FATHER'S NAME (First, Middle, L.	'S EDUCATION st grade completed)	18a. I	Give kind of wor	WAL OCCUI	PATION g most	of working	16b. KIND OF B	JSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)					TI 2			
10			JG	udent	,			catio	n	
	nthony Pomi	obton					ME (First, Middle, Meide Candido	n Surname)		
19a. INFORMANT'S NAME (Type/Prix			10h MAII INC A	nnpree /c-			Route Number, City or To	wn Chair to	in Code	
Mrs. Toni Tar	•					ls Drive				ecticut 0652
20a. METHOD OF DISPOSITION		20b, PLAC	E OF DISPOSIT	ION (Nama d	of cem	etery, crematory or	20c. L	OCATION -	- City or T	own, State
1 Caparisi 2 Cremation 3 Removal from Stata Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison										Connecticut
21. SIGNATURE OF FUNERAL SER	/ICE LICENSEE			22, NAW	AE AND	ADDRESS OF FA	CILITY	I a Tru	110 0 200	l Service
> muchant	P. marge	M_		308	1 (larmoll+	on Road			
23. PART I. Enter the disease shock, or heart for immediate CAUSE (Finel disease or condition resulting in death)	eMultir	use on eech li	ne. uries w					piratory a	rreat,	Approximate Interval Between Onset end Daath
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	If any, leading to immediate									
CAUSE (Disease or injury that initiated events resulting in death) LAST	d.	OUE TO (OR AS A CONSEDUENCE OF):								
PART II. Other significent co	nditione contributing to	deeth but no	t resulting in	the under	rlying	ceuse given in		N AUTOPSY ORMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 3/1/1 ND
							- INSPE	CTTO	J	7 1996
25. WAS CASE REFERRED TO MED EXAMINER? 1 VALUE 2 NO 27. MANNER DF DEATH					26. PL/	ACE OF DEATH (Ch		.01101	<u>. </u>	
EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER:	Home	5 Residence	8 Other (Specify)			
27. MANNER DF DEATH	28a. OATE O	FINJURY	20b. TIME	OF 286	c. INJL	IRY AT	2ed. DESCRIBE HDV	/ INJURY O	CCURED	
1 Natural 5 Pendii	19	()	8:58	PM 1			Involved in motor vehicle			
2 Calalda —	not be building	OF INJURY — At, etc. (Specify)	home, farm, atr	_	office		26f. LOCATION (Street	ret. LOCATION (Street and Number or Rural Route Number ACC City or Town, State) Rte. 2/Earleigh Hgts.		
4 Homicide datem	nined			Road			Rte. 2/I	carle.		
interest order	PHYSICIAN: To the best of XAMINER: Dn the basis of								ateu.	Maryland (a) and manner as stated.
III. 25h. SIGNATURE AND TITUS OF C	Ingrien				Т	29c. LICENSE NUI	MBER	29d. DA	TE SIDNE	D (Month, Day, Year)
J 6	2					OCME		•		-25-90
30. NAME AND ADDRESS OF PER	SON WHO COMPLETED CAL	JSE OF DEATH (I	TEM 27) (Type, F	rint)				_		

111 Penn Street, Baltimore, MD 21201

DHMH-16 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to bunal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at or	
				1

31. DATE FILED (Month, Day, N

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

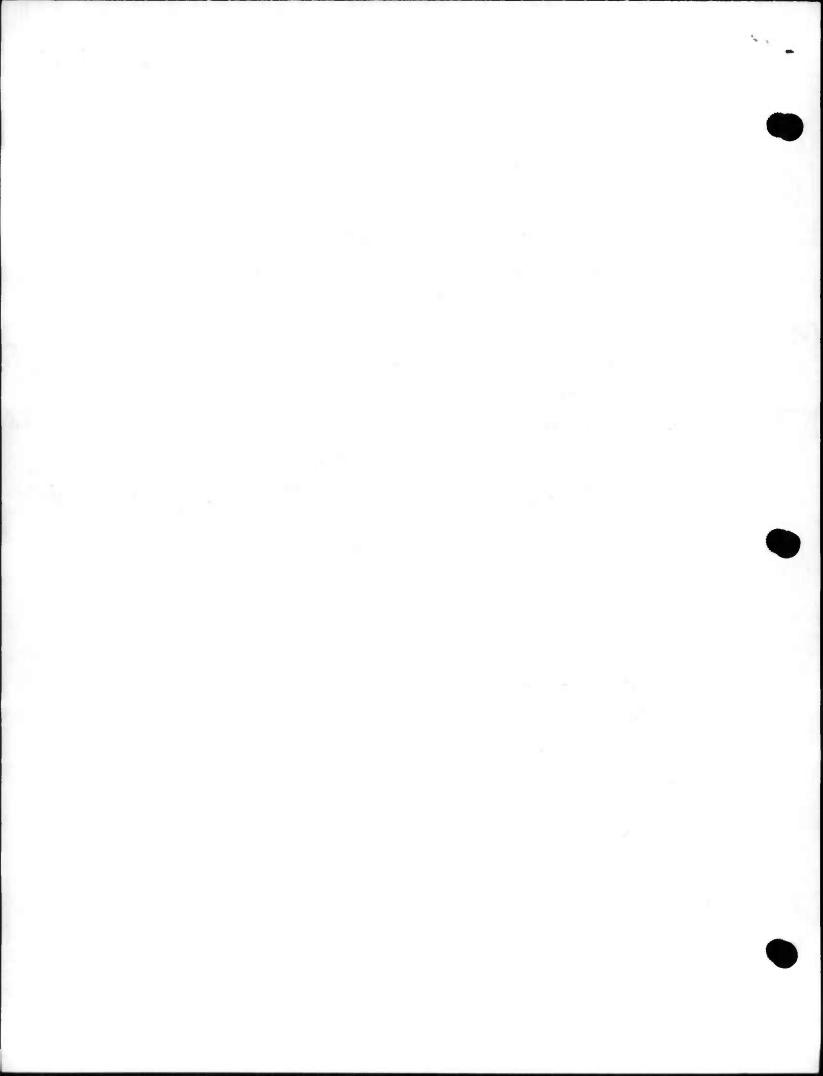
Roborf. L. Moss Zyg Moir

Jaz REGISTRAR'S SIGNATURE
July Davidson-Randage

							_	0 21020
•	FOR STATE REGISTRAR	STATE OF MARYLAND		MENT OF HEATE OF		MENTAL HYGIEN REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF OEATH
	JOSEPHINE I	B. POTTS				MONTH DA		8:34 Am
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6. SEX 6. AGE (In yrs. I	246	DNTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0	IRTHPLACE (State or Foreign ountry) 1 ARYCAND
	9e. FACILITY NAME (If not Institution, give street	et end number)	9	b. CITY, TOWN O	R LOCATION OF OE		9c. COUNTY	
TOR	ST JOSEPH HOSP	ITAL		Tows	ON		BALT	IMORE
DIRECTOR	10e. STATE 10b. COUNTY	altimore	10c. CITY, 1	rown on Locat	ion terstown			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 327 Walgrov	ve Road		101	ZIP CODE 2113	36	10g. CITIZEN	USA
BY FUN	11. MARITAL STATUS 1 1 Never Merried 2 X Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 22 IF YES, GIVE WAR OR DATES	ARMED XNO	13. WAS OEC If yes, spe 1 YES	ENDENT OF HISPAN solfy Cuben, Mexican 2 NO Specify	IC ORIGIN? (Specify Year, Puerto Ricen, etc.)		RACE — American Indien, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co Elementary/Secondery (0-12) High School	mpleted) College (1-4 or 5+)	(Give kind of wor lie. Do NOT use i	,		166. KIND OF BU	SINESS/INDUST	RY
	17. FATHER'S NAME (First, Middle, Last) Earl Moats				16. MOTHER'S NA	ME (First, Middle, Melden Annie Wo		
TO BE	190. INFORMANT'S NAME (Type/Print) Mr. Arthur W. Pott					isterstown		
	20e. METHOD OF DISPOSITION	of from Canta Other	E OF DISPOSIT	ION (Name of cer	notory, cromatory or al Garden	20c. LC	cation – city inksbut	or Town, State
	4 Donation 5 Other (Specify)		rgreen		ND ADDRESS OF FA		THESDUI	g, rid.
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Eline			Funeral	Home 1182		erstown Rd.
		st only one cause on sech il	na.			•		Approximate Interval Between Onset and Death
	disease or condition resulting in death) a.	Care 6/=/	SEQUENCE OF:	as c ~	1	Yec. Ken	7	
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONS Afflorase Ler DUE TO (OR AS A CONS	SEQUENCE OF):	V	sunder	Disens		
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	SEQUENCE OF):					
2								
PHYSICIAN: MEDICAL		contributing to death but no	t resulting in	the underlyin	g cause given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MED	Depressi	90						1 TES 2 NO
ž	Anem: -							
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (Ch	eck only one)		
X		1 N Inpatient 2 ER/Outpatient				6 Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUR	EO
	2 Accident investigation 3 Suicide 8 Could not be 4 Hemicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, str	reet, factory, offic	:0	28f. LOCATION (Street City or Town, State		Bural Route Number,
COMPLETED	one)	IAN: To the best of my knowledge,						suse(e) end manner ee stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	M.			29c. LICENSE NUI		29d. DATE SI	GNED (Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (TEM 27) (Type 4	Print)	0000			163,7

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Reisterstown



		FOR	
1	_	STATE	
U		REGISTRAR	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1. DECEDENT'S NAME (First, Middle, Leat) Esther Louis			ise Pawley				2. DATE OF DEATH MONTH PAY YEAR 7-17-90			3. TIME OF DEATH 6:02PM M			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	GE (In yrs. last birthday)		IF UNDER 1 YEAR IF UNDER 24 HRS.		24 HRS.	7. DATE OF BIRTH				IPLACE (State or Foreign	
	216-76-4168 1 M 2 0 F				30 YRS.		DAYS	rs HOURS MIN.		(Month, Day, Year) 9/2/59		Country)		Md.
	9a. FACILITY NAME (If not institut	tion, give str	eet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF OR		127	9c. COUR	NTY OF D	
<u>د</u>	212 S. Gilmor Street						Baltimore City							
DIRECTOR	RESIDENCE OF DECED	ENT								<u> </u>				
H		b. COUNTY			10c. CI	ry, town	OR LOCA	TION						10d. INSIDE CITY LIMITS?
	Md.				Ba.	ltimo	ore							YES 2 NO
FUNERAL	10e. STREET AND NUMBER		10	of. ZIP COD	_			10g. CITI		WHAT COUNTRY?				
<u> </u>	1602 McHenry	St.						2122	23				US	A.
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED					IIC ORIGIN? (or No-	14. RACI	E — American Indian, k. White, etc.
BY	1 Never Merried 2 Mer 3 Widowed 4 Divorced		IF YES, GIVE V				1 YE	S 2 NO	Specify				Spec	"y white
	- 222 0 - 12281			T						Transition.				W111 00
	15. OECEDE (Specify only hig	hest grade o	completed)		(Give kind of life. Do NOT u	work done	during m	ION post of worldi	ng	16b. KI	ND OF BUSI	INESS/IND	DUSTRY	
اي	Elementary/Secondary (0-12)		College (1-4 or 6	+)		memal				1	Tom			
COMPLETED	17. FATHER'S NAME (First, Middle	- (ДО	III GIII O	ZeT	1 40 1407	APPOID NA	ME (First, Mide	Home			
								10. MOI		lma To		rutterTE)		
BE	James J		У		195 MAII 144	G ADDRES	S (Street	and Alimba		Houte Number,		State To	Code	
2	PARTY EN ENDIN						,			lto.,		2122		
	Pamela Green 200, METHOD OF DISPOSITION			20h BI A						100.,	7			nun State
	1 Buriel 2 Cremation 4 Donation 6 Other (Sp.	3 🗌 Remo	val from State	ofhe	or place)	E OF DISPOSITION (Name of cemetery, cremetery or lower) 100wridge Memorial Park Elkridge. Ma								
	21. SIGNATURE OF PURE TAIL SI	22. NAME AND ADDRESS OF FACILITY												
	Gary L. Kaufman Funeral Homes 5695 Main St., Elkridge, Md. 21227									1227				
	23. PART I. Enter the disection shock, or hear immediate CAUSE (Finel disease or condition resulting in death)		Multi		ab wo	unds								Approximate Interval Batween Onset and Death
MEDICAL CERTIFICATION	Sequentisity list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.													
2	PART II. Other significant	conditions	contributing to	death but n	ot resulting	In the u	nderlyl	ng ceuse	given in	Pert I. 2	4s. WAS AN		24	b. WERE AUTOPSY FINDINGS
EDICA						PERFORMEI XX YES 2 [COMES ETION OF CAUSE			
PHYSICIAN:	25. WAS CASE REFERRED TO M EXAMINER?	IEDICAL	HOSPITAL:			ОТНЕ		PLACE OF 1	DEATH (C	neck only one)				
YSI	XXXXES 2 □ NO		1 Inpatient 2		nt 3 □ DOA	4 🗆 Nu	nsing Ho	ome 6 🗆 R	esidence	MXXher (Sce		
PH	27. MANNER OF DEATH	Daniel I		Day, Year)	28b. TI	ME OF	W	NJURY AT VORK?			RIBE HOW IF			
BY	1 Neturel 6 Per 2 Accident Inve	estigation	7-17-			М			MM		ject			
										281. LOCATION (Street and Number or Rural Route Number, City or Town, State), 212 S. Gilmor Street, Balto.M				
COMPLETED	foregan desty		CIAN: To the best of R: On the basic of											(a) end menner ee stated.
	290 OKSMATURE AND TITLE OF	CERTIFIER	1					29c. LIC	ENSE NU	MBER		29d. DAT	TE SIGNE	D (Month, Day, Year)
) BE	1 Xh	2							CME				7-3	18-90
5	30. NAME AND ADDRESS OF PI	ERSON WH	9-COMPLETED CAL	JSE OF OEATH	(ITEM 27) (Ty)	oe, Print)								
	JAMES KAPLAN	JAMES KAPLAN,MD 111 Penn Street,Baltimore,MD 21201 vo												
	31. DATE FILED (Month, Per Yea	19'9	O 32. REGISTR	Luira Da	re udson	Pandel	2							

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

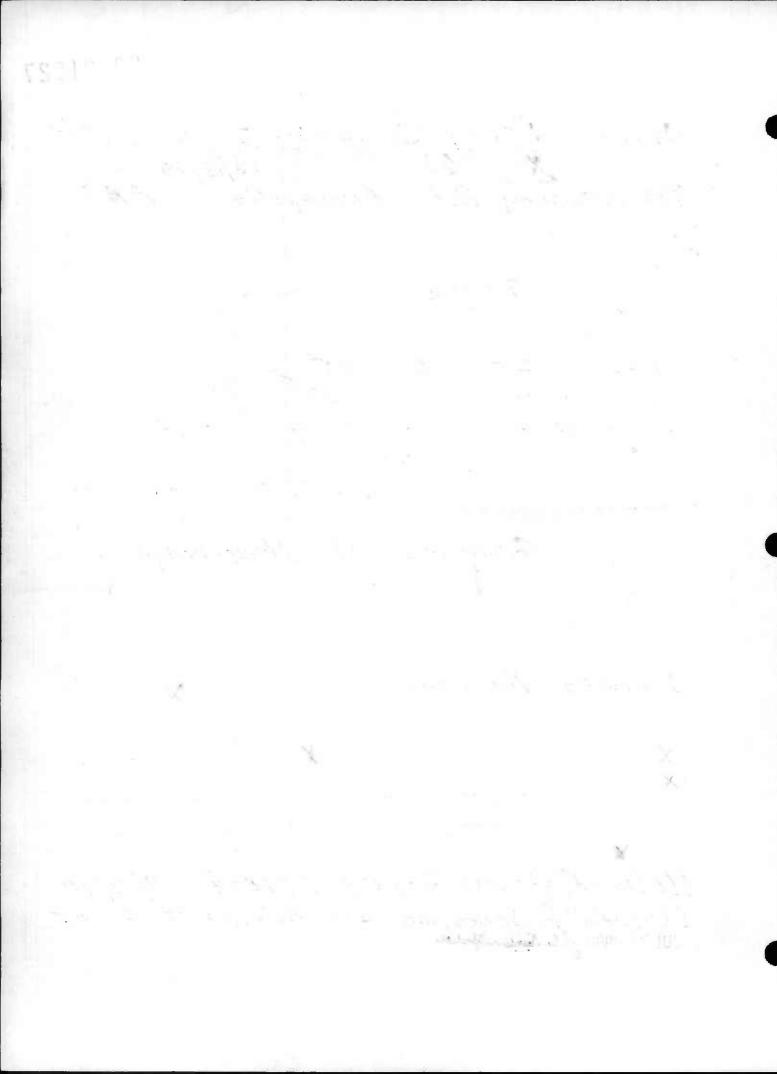
	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Lest)	D EUG	KEEDE	Ro	EE)	2. DATE OF DEATH	229	3. TIME OF DEATH M
	4. SOCIAL SECURITY NUMBER 245-41-7906	5. SEX 6. AGE 26		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) May 16 196	64	BIRTHPLACE (State or Foreign Country) ILL.
O.B.	99. FACILITY NAME (If not institution, give et 18 F. BENS DRIVE	refit end number)		9b. CITY, TOWN ANNAPO	OR LOCATION OF DE	ATH	9c. COUNTY ANNE	OF DEATH ARUNDEL
DIMECTOR	10a. STATE 10b. COUNTY MARYLAND ANNE	ARUNDEL	1 1	TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
AL.	100. STREET AND NUMBER	1		1	21403		10	N OF WHAT COUNTRY?
BY FUNER	11. MARITAL STATUS 1 XXNever Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2XIXNO	13. WAS DE If yes, s	or No- 14	Black, White, atc. Specify:		
PLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)		16e. DECEDENT'S U (Give kind of wo life. Do NOT use CONSTRI	ork done during r retired.)	ION nost of working	16b. KIND OF BUS	SINESS/INDUS	BLACK BLACK
BE COMPL	17. FATHER'S NAME (First, Middle, Last) HENRY REED					ME (First, Middle, Melden	,	
2	190. INFORMANT'S NAME (Type/Print) GLORIA REED		100000000000000000000000000000000000000			OLIS, MARY		
	20e. METHOD OF DISPOSITION 1)C Burlal 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	oval from State	other place) INELAWN M	TION (Name of c	emetery, crematory or	20c. LO	CATION — City	y or Town, State MARYLAND
	21. SIONATURE OF FUNERAL SERVICE LIC	Roma			AND ADDRESS OF FAC		EST ST	· 21401
	23. PART I. Enter the diseases, or cahock, or fleart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	e	each line.	ot enter the n	oda of dying, auci		ratory arrea	
RTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	b	A CONSEQUENCE OF					
CERTIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):				
SAL S	PART II. Other aignificent condition	e contributing to death	but not resulting in	the underly	ng ceuse given in	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
PHYSICIAN: MEDI						-		1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	Instinct 3 DOA	26. OTHER: 4 \subseteq Nursing He	PLACE OF DEATH (Ch	6 Cher (Specify)		
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. I	NJURY AT VORK?	28d. DESCRIBE HOW I	NJURY OCCU	RED
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJUR building, etc. (Sp.	IY — At home, farm, si ecify)	treet, factory, of	lice	28t. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,
COMPLETED	Corlection of the	ICIAN: To the best of my kno						l. cause(s) end manner ee stated.
LO BE	296 SIGNATURE AND TITLE OF CERTIFIE	· Datent	4 W		29c. LICENSE NUI	11438	29d. DATE 8	17,229U
	30. NAME AND ADDRESS OF PERSON WIND CHAEL J. La. 31. DATE FILED (Month, Day, Year)	ENTA W 32. REGISTRAR'S SIG	EATH (ITEM 27) (Typer	PIOGL	EY AVE	= SUME	120/	ANNAPOLISMA
	JUL 2 6 1990 g	che Tevidor P	ndess.					1401

allegender Di (p. 1818)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that th	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the filed within 72 hours after death with the State Dept. of Health and	IMPORTANT: If Item 28 Is marked, or Item 23 shows any In	

				10 21826
	FOR STATE STATE OF MARYLAND / D	DEPARTMENT OF HEALTH AND	MENTAL HYGIENE	
	REGISTRAR CEI	RTIFICATE OF DEATH	REG. NO.	
	1. GECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH MONTH DAY	EAR 1/20
1	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. list is	birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.	0100	BIRTHPLACE (State or Foreign
	578-01-9205 1 M 2 🗆 F 77	YRS. MONTHS DAYS HOURS MIN.	(Month, Day, Year)	country) ashington, DC
	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOCATION OF		
DIRECTOR	WASHINGTON ANGUTIST HOS	P TAKOMa Pa	ark Mont	tgomery
	Maryland Anne Arundel	Harwood		10d. INSHERENTY LIMITS? X 1 YES 2 NO
FUNERAL	4747-K Flanders Lane	10f, ZIP CODE 20776	U.S.	A.
5	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS OECEDENT EVER IN U.S. ARME FORCES? 1 YES 2 NO	ED 13. WAS DECENDENT OF HISP If yes, specify Cuban, Maxi		. RACE — American Indian, Black, While, etc.
B	Wildowed 4 Otvorced IF YES, GIVE WAR OR DATES	1 ☐ YES 2 X NO Spec	otty:	Specify: White
COMPLETED	(Specify only highest grade completed) (Give	EOENT'S USUAL OCCUPATION Is kind of work done during most of working Oo NOT use retired.)	16b. KIND OF BUSINESS/INDUS	TRY
12		Retail Store Manage	r Grocery Sto	ore
Š	17. FATHER'S NAME (First, Middle, Last)		NAME (First, Middle, Maiden Sumame)	
BE (Joseph C. Robey		allace	
10		MAILING ADDRESS (Street and Number or Run 01-H Flanders Lane,		1.
		F DISPOSITION (Name of cemetery, crematory of		
	4 Donation 5 Chee (Special) Fort I	Lincoln Cemetery		d, Maryland
	21. SIGNATURE OF UNIERAL SERVICE UCENSEE	22. NAME AND ADDRESS OF Francis Gasch	racility n's Sons Funeral I	Home, P.A.
	/ with John	4730 Baltimor	e Ave. Hyattsvil	le. Md. 20781
	 PART I. Enter the diseases, of complicatione thet caused the deal shock, or heart failure. Liet only one cause on each line. 	th. Do not anter moda of dying, so	uch as cardiac or respiratory arres	interval Between
	IMMEDIATE CAUSE (Final disease or condition	Willman	Lea assay	Onset witt Death
	resulting in death) DUE TO (OR AS A CONSEQU	JENCE ON:	ong or our	1 2025
Z	Securitally list conditions to Co ronal	n asto	The.	· yo
AT 10	Sequentielly list conditione, If any, leading to immediata cause. Enter UNDERLYING	ASTOR OF: COUNTY	Viscas	e /
임	CAUSE (Disease or Injury that initiated events	PENCE OF:		John.
ERTIFICATION	resulting in desth) LAST	Proschone	his	
O	DADT II Other simplificate conditions contribution to deally but not	- Cuero	to Death Law was surroused	Last weeks attended and the
₹	PART II. Other aignificant conditions contributing to dealf but not rec	suiting in the underlying ceuse given	in Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICA	no Moo	Cardial	1 YES 2 NO	OF DEATH?
		in Vano	the	1 TYES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL	PLACE OF DEATH	Check only one)	
SIC	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3	DOA 4 Realdence	a 6 Other (Specify)	
PHYSICIAN:	27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Dey, Year)	28b. TIME OF 28c. INJURY AT WORK?	28d. DEŞCRIBE HOW INJURY OCCU	RED
B	1 Natural 5 Pending 2 Accident Investigation	M 1 VES 2 NO		0.100
CED	3 Suicide 6 Could not be detarmined 25a. PLACE OF INJURY — AI hom building, etc. (Specify)	ie, farm, street, factory, offica	261. LOCATION (Street and Number or City or Town, State)	Hurai Houte Number,
l iii	29a, CERTIFIER 1 CERTIFIER PHYSICIAN: To the best of my knowledge, dest	th occurred at the time, data and place, and d	lue to the cause(a) and menner as stated	
	(Crieck Crity	vestigation, in my opinion, death occured at i		
OMPL				4
E COMPLET	29b. SCNATURE AND TITLE OF CENTIFIER	29c. LICENSE N	NUMBER 29d. DATE S	BIGNED (Month, Day, You)
BE	1	29c. LICENSE P	1UMBER 29d. DATE 5	1
ш	1	102	NUMBER 29d. DATE S	1
BE	206. SCNATURE AND TITLE OF CERTIFIER	102	NUMBER 29d. DATE:	1

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM				YGIENE EG. NO.	100
	1. OECEDENT'S NAME (First, Middle, Last)	Rodwer		,	Acher	2. DATE OF D	EATH	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 385-26-2227	1 M 2 🗆 F	yrs. lest birthday) IF Mor	UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.		12/29	BIRTHPLACE (State or Foreign Country)
TOR	9a. FACILITY NAME (If not institution, give \$1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	eet and number)	d 1	ANK	A A PO	//B	9c. COUNTY	OF OEATN
DIRECTOR	MD Anne A	rundel		OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
RAL	100. STREET AND NUMBER 993 Westway Road				21401		- 1	OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 2 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS OEC	ENCENT OF HISPAN Helfy Cuban, Maxica 2 NO Specify	n, Puerto Rican	ecify Yes or No — 14	RACE — American Indian, Black, White, atc. SpecifyWhite
COMPLETED	15. DECEDENT'S EOUC (Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	18a. OECEDENT'S USI (Give kind of work ite. Do NOT use re Research	done during mo: tired.)	st of working		of Business/INDUS	
COMP	17. FATHER'S NAME (First, Middle, Last)		Research	PHYSIC	18. MOTHER'S NA	ME (First, Middle	, Maiden Sumame)	leit
BE	Clifford A. Schuma 198. INFORMANT'S NAME (Type/Print)	cher	19b. MAILING AD	DRESS (Street a	Delphi		CON ity or Town, State, Zip Co	rde)
5	Mr. Clifford A. So	humacher			Kembles			
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Remo	val from State	PLACE OF DISPOSITION Other place)				20c. LOCATION — City	
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	Metr	O Crem	atory ID ADDRESS OF FA	CILITY	Catonsvil	Te, MD
	▶ Barranco and So	ıs		Barra	nco & So	ns Seve	erna Park,	MD 21146
	23. PART I. Enter the diseases, or cahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	ist only one cause on as	ich lina.				or respiratory arres	Interval Between
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in daeth) LAST		CONSEQUENCE OF):					
MEDICAL CE	PART II. Other eignificant conditions DIA betes	contributing to death be		he underlying	g cause given in		. WAS AN AUTOPSY PERFORMEO? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1/ YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp		26. PL THER:	ACE OF DEATH (Ch	6 Other (Sp	and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and th	
РНУ	27. MANNER OF DEATH 1 Natural 8 Pending	28a. DATE OF INJURY (Month, Dey, Year)	28b. TIME O	F 28c. INJ			BE NOW INJURY OCCU	RED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stre	et, factory, offic	•		N (Street and Number or wn, State)	Rural Route Number,
COMPLET	CONTROL OF MY	SAN: To the best of my knowl R: On the basis of exemination	December 1					cause(s) and menner as stated.
O BE C	299. SIGNATURE AND TITLE OF CERTIFIER	Jomo	Depa	cty	29c. LICENSE NUI	MBER 2054	29d. DATE 8	IGNED (Month, Day, Year)
TC	30. NAME AND ADDRESS OF PERSON WHI	COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type, Pri	695	- Am	eric	A Ct.	21035
	31. DATE FILES (Month Day Year)	82. REGISTRADE SIGN	TURE		100			



TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	REG. NO.

T. DECEDENT'S NAME (First Middle, Lest) JOHN EDWARD STACKS 2. DATE OF DEATH ONT 1/24/1990 4. SOCIAL SECURITY NUMBER 2. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) 1. DECEDENT'S NAME (First Middle, Lest) MONTH DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTH DAYS MONTH DAYS MONTH DAYS MONTH DAYS NORTH COUNTY) North Ca	-
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (St. Months Days Hours Min. 1 (\$\int 0.00\) \$\int 0.00\) \$\int 0.00\] Country)	7 AMM
23/-44-3332	
9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH	rolina
Washington Adventist Hospital Takoma Park Montgomery	
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSI	
Maryland Prince George's Hyattsville	2 NO
100. STREET AND NUMBER 101. ZIP CODE 102. CITIZEN OF WHAT COUNTY 2100 Van Buren Street 103. CITIZEN OF WHAT COUNTY 20782 U.S.A.	TRY?
2100 Van Buren Street 11. MARIITAL STATUS 1 Never Merried 2 X Merried 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yee or No- It yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. RACE — Americ Bleck, White, at	en Indien,
It yes, specify Cuben, Mexican, Puerto Ricen, etc.) If yes, specify Cuben, Mexican, Puerto Ricen, etc.) If yes, specify Cuben, Mexican, Puerto Ricen, etc.) If yes, specify Cuben, Mexican, Puerto Ricen, etc.) If yes, specify Cuben, Mexican, Puerto Ricen, etc.) If yes, specify Cuben, Mexican, Puerto Ricen, etc.) If yes, specify Cuben, Mexican, Puerto Ricen, etc.) If yes, specify Cuben, Mexican, Puerto Ricen, etc.) If yes, specify Cuben, Mexican, Puerto Ricen, etc.) If yes, specify Cuben, Mexican, Puerto Ricen, etc.) If yes, specify Cuben, Mexican, Puerto Ricen, etc.)	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	
Elementary/Secondary (0-12) College (1-4 or 5 +) Iffe. Do NOT use retired.)	
9th Grade — Mechanic Wonder Bread Company 17. FATHER'S NAME (First, Middle, List) 16. MOTHER'S NAME (First, Middle, Meiden Surneme)	
Sam Stacks Viola Williams	
19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Mumber or Rural Route Number, City or Town, State, Zip Code)	
Verna C. Stacks [wife] 2100 Van Buren Street, Hyattsville, MD. 207	82
20e. METHOD OF DISPOSITION 1	
4 Donation of Other (Specify) Piney Grove Baptist Church Cem. Waxhow, North Ca	rolina
21. SIGNATURE OF FUNERAL SERVICE LICENSE. 22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Home, P. 4739 Baltimore Ave., Hyattsville, Md.	
23. PART I. Letter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest,	roximate
	rval Between let and Deeth
Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):	
cause. Enter UNDERLYING	
that initiated events reaulting in deeth) LAST	
PART 1. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AU	OPSY FINDINGS
We Normal Liver function testes L-Terated Performed? COMPLET	PRIOR TO ON OF CAUSE
The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	? 2 🗌 NO
25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)	
EXAMINER? HOSPITAL: OTHER: 1 YES 2 NO 1 Input in 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)	
27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Dey, 16er) 28b. TIME OF 28c. INJURY AT WORK? INJURY M 1 VES 2 NO	
2 Accident Investigation 3 Suicide 6 Could not be determined 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number of Rural Route Number or Rural Route Number of Rural Route Number or Rural Route Number of Rural Route Number or Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route	er,
290. CERTIFIER AND CERTIFYING BUYCICIAN, Y. I.	
Check only Check only MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner ee stated. MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and man	ner ee stated.
290. SIGNATURE AND TITLE OF CERTIFIER 290. LICENSE NUMBER 290. DATE SIENED (Month, D 291. DATE SIENED (Month, D 292. DATE SIENED (Month, D	90
	90



THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-wours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Process filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR		STATE OF M	MARYLAN				HEALTH		MEN	TAL HYGIEN					
	1. DECEDENT'S NAME (First	Middle, Last)									ATE OF DEATH			3. TIME O	F DEATH	
	Violet		Rose			Sten	man			MC	7 20		90	Noo	n	М
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In	yrs. last birthd		DER 1 YEAR		R 24 HRS.		ATE OF BIRTH fonth, Day, Year)		8. BIRTI	HPLACE (Sta	ate or Foreign	
	220-27-3039		1 M 2XXF		YR	s. MONTH	18 18	HOURS	MIN.	Mar	ch 2, 1	990	Mar	vland	1	
	9a. FACILITY NAME (If not in	stitution, give st	reet and number)			9b. C	ITY, TOWN	OR LOCAT	ION OF D				INTY OF E			
e l			renue, Ap	ot. A			Sui	tland				Pri	nce	Georg	je's	
5	RESIDENCE OF DEC	10b. COUNTY			100	CITY, TOW	N 00 100	ATION					_	10d. INSI	DE OUTU	
E			ce George	010	100			AIION						LIMIT	TS?	
0	10a. STREET AND NUMBER		e dedigi	E 5		Suit		of, ZIP COD	F			10a CI	TIZEN OF	WHAT COUR	2 NO	
BY FUNERAL DIRECTOR	4706 Home	er Aver	nue. Ant	. A				2074				_	S.A.			
3	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U			13. WAS DI	ECENDENT	OF HISPA	NIC OR	IGIN? (Specify Yea			E — Americ	en Indien.	
F	1 🛚 Never Married 2 🗌		FORCES? 1				11 yes, :	specify Cubi	an, Maxic	an, Puai	rto Rican, etc.)		Blac Spec	k, White, at	C.	
	3 Widowed 4 Divo	orced												White	}	
		EDENT'S EDUC by highest grade		- 1	6a. DECEDEN	l of work do	ne durina i	TION nost of work	ing		16b. KIND OF BU	SINESS/IN	DUSTRY			
9	Elementary/Secondary (6	0-12)	College (1-4 or 5	+)	IIIe. Do NO	OT use retire	d.)									
COMPLETED	N/A	Material Control			N	I/A		Lucia				/A				
8	17. FATHER'S NAME (First, M Richard										rst, Middle, Maiden	,				
BE	19a. INFORMANT'S NAME (T tob MAII	ING ADDR	ECC /Chan				1. Sterm		in Cadal			_
임	Vickie M. S		,								, Suitl			207/6		
	20a. METHOD OF DISPOSIT	ION		20b. F	I ACE OF DIE	POPITION	(Name of							ZU / 40 own, Stata)	_
	1 M Buriel 2 Crematic	on 3 🗆 Ramo	oval from Stata	0	Ceda	r Hi	11 C	emete	rv				-	rylan	ıd	
	21. SIGNATURE OF FUNERA		ENSEE				22. NAME	AND ADDRI	ESS OF F	ACILITY	Funera			1) 1.011	14	
	> Years	HAV.	1												07/5	
$\vdash\vdash$	23. PART I. Enter the d	X X a	omplications the	t coursed t	the death I	20 001 00					Rd. Oxo					-
	shook or h	eert fellure.	List only one car	use on eec	ch line.	JO HOL BH	ter the n	ioue or ay	ring, au	on aa c	cerolac Dr reap	iratory a	rrest,	Inte	proximate arval Betwe	
	IMMEDIATE CAUSE (Find disease or condition	nel		_										One	set and De	ath
	resulting in death)	7			nfant CONSEQUENCE		n Syl	narom	e							_
						·								İ		
CERTIFICATION	Sequentielly list condit if any, leading to imme		DUE TO	(OR AS A C	ONSEQUENC	E OF):										
3	cause. Enter UNDERLY CAUSE (Disease or Inju	ING	C													
E	that initiated events resulting in death) LAS		DUE TO	OR AS A C	ONSEQUENC	E OF):										
E	readiting in death) LAS	, L	d													
	PART il. Other algolfice	ent condition	s contributing to	deeth but	t not reault	ing in the	underly	ing ceuse	given in	n Pert I			24		TOPSY FINDIN	IGS
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MEDI											XX AES			OF DEATH	17 2 🗆 NO	
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NA I	25. WAS CASE REFERRED T	TO MEDICAL			-		26.	PLACE OF	DEATH (C	heck on	ly one)					
Sic	EXAMINER?		HOSPITAL: 1 Inpatient 2	☐ ER/Outpet	tlent 3 🗆 DC		HER: Nursing H	ome 5X F	Rasidence	8 🗆 0	Other (Specify)					
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE Of	F INJURY Day, Year)	28b.	TIME OF	28c.	NJURY AT		28d.	DESCRIBE HOW	INJURY O	CCURED			
ВУ	1 Natural 5 2 Accident	Pending Investigation				A		YES 2	□ NO							
		Could not be		OF INJURY -	A1 home, fa	rm, street,	factory, of	fice			LOCATION (Street City or Town, State		er or Rural	Route Numb	ber;	
E	4 Homicide	detarmined														
COMPLETED	Correct only		CIAN: To the best o													
Š	one) 2 XXMED	DICAL EXAMINE	R: On the basis of	examination	and/or Investi	getion, in r	my opinion	, death occi	ured at th	na 1ime,	deta and placa, a	nd dua to	the cause	(a) and man	iner as state	d.
BE C	296. SIGNATURE AND TITLE	E OF CERTIFIER	man UK	0.1				29c. LIC	CENSE N	UMBER		29d. D/	TE SIGNE	D (Month, D	lay, Year)	
a.	I HAMA.	XO \	man M	N.IL	1			1	CON.	/IET			7_	21-90)	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
Lika Savidson-Rondollo

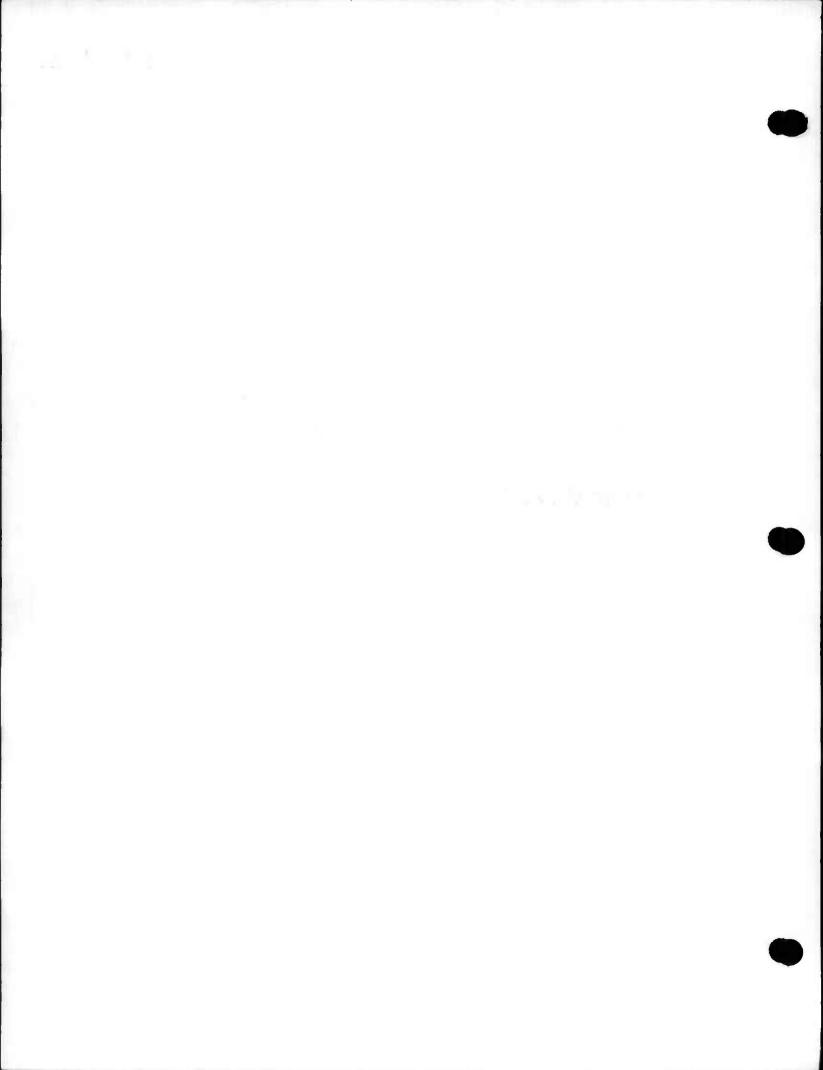
Margarita A. Korell, M.D.

m 25 '90

DHMH-18 Rev 1/89

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111 Penn St., Balto., Md.



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() () () () () () () () () ()	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with wours after death. Page 6 may be retained by 1	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If hem 28 is marked or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
11	-	-	٥	-

1. DECEDENT'S NAME (First, Middle, Last) PAUL N = S	PEARS			n Spears	2. DATE O MONTH JUL	DAY	YEAR 90	O3-25 A M
000 01-1110	1 0 FM 2 0 F	(In yrs. last birthday) 62 YRS.	IF UNDER	1 YEAR IF UNDER 24 HRS DAYS HOURS MIN.	(Month,	27-28	Country) Wes	ACE (State or Foreign
9e. FACILITY NAME (If not institution, give street of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	tal		96. CITY,	TOWN OR LOCATION OF UPR SPRING	DEATH M	D 90.00	MONT.	тн
	George's	10c. CIT	Y, TOWN O	R LOCATION			1	Od. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	12. WAS DECEDENT EVER II	W. I. O. A. D. V. C.	1.00	20 73S	5		U.S.	
1 Never Married 2 Merriad 3 Widowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR D	2 NO	H	MAS DECENDENT OF HISI If yes, specify Cuben, Max I YES 2 NO Spe	ican, Puario Ric		14. RACE - Black, Specify:	- American Indian, White, etc. hate
15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12) 12th	ATION ompleted) College (1-4 or 5+) N/A/	16a. DECEDENT'S (Give kind of life. Do NOT u	work done d se retired.)	CCUPATION during most of working		CIND OF BUSINESS		
17. FATHER'S NAME (First, Middle, Last)	.,, ,	Dus DI	TACT	16. MOTHER'S	NAME (First, Mi	etro To ddle, Malden Surname) (anspo	rtation
Adam Spears 90. INFORMANT'S NAME (Typo/Print)		19b. MAILING	ADDRESS	Mar (Street and Number or Rui	V Wag		Zip Code)	
Rita Spears		Came	200	10 3 7				
toe, METHOD OF DISPOSITION Mariel 2 Cremation 3 Remo		b. PLACE OF DISPO	SITION (Nar	10 A-F me of cometery, cromatory of		20c. LOCATION Brentur		
20e. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Remo 4 Donation 5 Other (Specify) 21. SIGNATURE OF SOMERAL SERVICE LICE 23. PART I. Enter the diagesea, or or	HUSE PROPERTY OF THE COUSE	b. PLACE OF DISPO other place) Ft. Line	SITION (Nat	Cemetery NAME AND ADDRESS OF 6633 Old A	FACILITY .	Brentw Lee Funer er Ferry	od Marial Horaldon Rd Cli	
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23. PART I. Enter the disease, or or shock, or heert feliure. 23. PART I. Enter the disease, or or shock, or heert feliure. 24. PART II. Enter the disease, or or shock, or heert feliure. 25. PART II. Enter the disease, or or shock, or heert feliure. 26. IMMEDIATE CAUSE (Final disease or condition resulting in death) 27. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. WAS CASE REFERRED TO MEDICAL EXAMINER? 29. MANNER OF DEATH 10. Natural 5 Pending	DUE TO (OR AS A CONTributing to death to STruct Ve	b. PLACE OF DISPO	not enter 22. I not enter PF): OTHER 4 Num	The of cometery, crematory of Cemetery NAME AND ADDRESS OF 6633 Old A The mode of dying, a THETHER F	In Part I.	Brentwr Lee Funer er Ferry ac or respiratory 26 24a. WAS AN AUTOPS PERFORMED? 1 ves 2 kno	arreat,	Approximate interval Between Onset and Deeth CAR STANDARD STREET OF THE PROPERTY FINDINGS MAILABLE PRIOR TO DOMPLETION OF CAUSE OF DEATH?
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METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remote Comment Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments Comments C	DUE TO (OR AS A CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION O	b. 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(Check only one, 28d, DESC. LOCAL	Brentwr Lee Funer er Ferry ac or respiratory 24a. WAS AN AUTOPS PERFORMED? 1 VES 2 KNO	arreat,	Approximate interval Between Onset and Deeth CARS WERE AUTOPSY FINDINGS MAILABLE PRIOR TO DOMPLETION OF CAUSE OF DEATH? I YES 2 KNO

25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (C	heck only one)
EXAMINER?	HOSPITAL: 1 Kinpatient 2 ER/Outpatient 3		OTHE Nu	R: rsing Home 5 - Residence	8 Other (Specify)
7. MANNER OF DEATH 1. Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU		28c, INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED
3 Suicide 8 Could not be	26e. PLACE OF INJURY — At he building, atc. (Specify)	rme, farm, atr	oot, fac	ctory, office	281, LOCATION (Street and Number or Rural Route Number, City or Town, State)

29b. SIGNATURE AND TITLE OF CERTIFIER MP.	29c. LICENSE NUMBER D38676	29d. DATE SIGNEO (Month, Day, Year) Vuly 15, 1990
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) VICTOR Steiger - 5 Marigold	Court - Silver	Spring MD 2090R
21 DATE EN ED Month Day Mari		71

OHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1	-	STATE REGISTRAR	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

REGISTRAN				JENTIII	ICAIL	Oi	DEATH		HEG. NO.			
1. DECEDENT'S NAM								2. DATE MONTI			YEAR	TIME OF DEATH
		ncent	-		ith_			7	22	9	90	2:28 A. M
4. SOCIAL SECURITY	NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Monti	OF BIRTH h, Day, Year)		6. BIRTHPL Country)	ACE (State or Foreign
215-64-6		1 💢 M 2 🗌 F	36	YRS.					ch 17,			
9a. FACILITY NAME							OR LOCATION OF DE	EATH	·.		NTY OF DEA	
Souther BESIDENCE OF		nd Hospit	tal		(Cli	nton			Prir	nce Ge	eorge's
10e, STATE	10b. COUNT	Y		10c, CIT	Y, TOWN OF	LOCAT	TION				1	od. INSIDE CITY
Maryland		ne Arunde	1		Croft							LIMITS?
100. STREET AND NO.		m Ct. T3				101	21114				.S.A.	AT COUNTRY?
11. MARITAL STATUS 1 Never Married	2 Married		NT EVER IN U.S. I YES 2) WAR OR DATES		lf.	yes, sp	ENDENT OF HISPAN ecify Cuban, Mexica 2 NO Specify	in, Puerto	i? (Specify Yea Rican, etc.)	or No-	14. RACE - Black, V Specify:	- American Indian, White, atc.
3 Widowed 4	X Divorced	<u> </u>									Cauca	sian
	15. DECEDENT'S EDU		16a.	Give kind of	work done di			16b	. KIND OF BUS	INESS/INC	DUSTRY	
Elementary/Secon		College (1-4 or 5	+)	Ilfn. Do NOT u	se retired.)		•	٦				
12th		N/A	1	ogger				D	avid G	. Sm	ith L	umber
17, FATHER'S NAME		- 1					18. MOTHER'S NA					
David	Goodwin	Smith					Mary	Alic	e Phil	lips		
19a, INFORMANT'S N	IAME (Type/Phys)	orah S. W	Jagaman	19b. MAILING	ADDRESS	(Street I	and Number or Rural	Route Num	ber, City or Town	n, State, Zic	Code)	
David G	. Smith	Lumber Co	dyanta	P	. 0.	Box	115 Dav	idso	nville	- Mar	cv1and	3 21035
20g METHOD OF DIS		DOMESTIC CO.					metery, cremetory or	<u> Labor</u>			City or Town	
1 X Burial 2 Co	remation 3 🗌 Ran	noval from State	othe	r place)								ATLIPACE .
21. SIGNATURE OF	-	CSMSEE/ /	Llake	emont	Memor	LALE A	Cemeter		Dav	ridso	nvill	e, Marylan
. //	nen !	WA	4					1				, Inc. ton, Md 20
23. PART I. Enter	the diseases. Dr	complications the	at caused the	death. Do								Approximate
immediate Caus	c, or heert fellure. SE (Finel	List only one ce	use on each I	line.					·	•	·	Interval Between Onset end Death
disease or condi- resulting in desti		. Drown	ung									
Tooler Line China		DUE TO	OR AS A CON	SECUENCE O	F):							
		b										}
Sequentially list	Immediate	DUE TO	OR AS A CON	SEQUENCE O	F):							
CAUSE (Disease		c										
that Initiated eve	nts	DUE TO	OR AS A CON	ISEOUENCE O	HF):							
resulting in desti	h) LAST	d										
BART II Other of	anidia ant ann dible	ns contributing to	a double bust on		le the	-111		Dank I				1
PART II. Other si	gnincent conditio	ons contributing to	o destn but no	ot resulting	in the unc	deriyin	ig ceuse given in	Part I.	24a, WAS AN PERFOR		7	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO
l ———									1XXYES 2	□ NO		OMPLETION DF CAUSE OF DEATH?
		_									K	YES 2 NO
25. WAS CASE REFE	RRED TO MEDICAL					26. P	LACE OF DEATH (C)	heck only o	ne)			
EXAMINER?	NO	HOSPITAL:	YER/Outpatien	t 3 🗆 DOA	OTHER		ne 5 🗆 Realdence	a 🗆 Oth	er (Specify)			
27. MANNER OF DEA		28a. DATE O		28b. TII	-		JURY AT	_	SCRIBE NOW	NJURY OC	CURED	
1 Netural	5 Pending	(Month,	Day, Year)	IN	JURY	1 🗆	ORK?					le swimmin
2 Accident	Investigation			1:40				-				
3 Suicide 4 Homicide	6 Could not be determined	building	OF INJURY — A , etc. (Specify)	-		огу, опн	ce	City	or Town, State)			
4 Nomicide	detarrilled			boo1				5515	Fishe	er Ro	Tem	ple Hills,
CONSUM UNITY		SICIAN: To the best of										Md. and manner as stated.
	11											
29b. SIGNATURE AN	O TITLE OF CENTIFI	/					29c. LICENSE NU				,	Wonth, Day, Year)
\sim	-	2					OCM	EJ			7-22	-90
/ -	74. BONG SAN BIN	HO COMPLETED CA	USE OF OEATN	(ITEM 27) (Typ							0.04	
Ann M	. Dixon,	M.D.			111	Pei	nn St., E	Balto	o., Md.	. 21	201	
31. DATE FILED (Mor	nth, Day, Year)	32. REGISTE	RAR'S SIGNATUR	AE OO								
1.111 27	90	guia David	son-yana	سريح								

DHMH-16 Rev 1/89

DHMH-16 Rev 1/89

1 - STATE REGISTRAF	1
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR	SINIL	. OF MAI					DEATH	AIE (4 I	REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, L	ast)			27				2. DA	TE OF DEATH		YEAR	3. TIME OF DEATH		
	James A. Sco	tt							Ju		ຶ 199		10:00 a	м	
	4. SOCIAL SECURITY NUMBER	5. SEX	6.	AGE (In yrs. lest	birthday)	IF UNDER	-	IF UNDER 24 HRS.		TE OF BIRTH onth, Day, Year)			PLACE (State or Foreign	\neg	
	190-09-5372	1 ₹ M :	E	84	YRS.	MONTHS	DAYS	HOURS MIN.	JÜ		906	OH			
	9a. FACILITY NAME (If not institution,)	yve street and nu	mber)			9b. CITY	r, TOWN C	R LOCATION OF OR	EATH		9c. COL	INTY OF D	EATH	\neg	
DIRECTOR	Deer's Head	Center			Salisbury						Wicemico				
EC	10a. STATE 10b. CO	UNTY			10c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY LIMITS?		
	MARYLAND	WICOMIC	0		SALISBURY						1				
AL	10a. STREET AND NUMBER						100	ZIP CODE			VHAT COUNTRY?				
ER	1014 BEAGLEN P.	ARK AP	T 101	21801								US	SA		
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	VER IN U.S. ARI YES 2 X YN OR DATES	MED O		If yes, sp	ENDENT OF HISPAN actly Cuban, Mexica 2 NO Specify	n, Puar		or No—	14. RACE Black Speci	E — American Indian, k, White, etc. hy: WHITE				
ED	15. DECEOENT'S	EOUCATION				USUAL O				16b, KINO OF BU	SINESS/IN	OUSTRY	***************************************		
COMPLETED	(Specify only highest Elementary/Secondary (0-12) 12 YEARS		(1-4 or 5 +)	IHo.	Do NOT u	ionk done se retired.)		st of working EMAN		WEST PE	NN P	OWER			
OM	17. FATHER'S NAME (First, Middle, Las)						18. MOTHER'S NA	ME (Firs	st, Middle, Maiden	Surname)			\exists	
BE C	CHARLES A		SCO					MARGAR	ET	N/	A		ITH		
0	19a. INFORMANT'S NAME (Type/Print)	COV						nd Number or Rural I			n, State, Z 1801				
	CHARLES A. SCO	TT-SON		_				, SALISB	UKI					-	
	20a METHOD OF DISPOSITION 1 ABurial 2 Cremation 3		State	other ple	ce)			netery, crematory or				- City or To	112.00		
	4 □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL BERVIO			WASHI	NGIU				CILITY			TON,	r A	\dashv	
	· 10Ph	11.	10/	2				WAY FUNE NOW HILL				, MD	21801		
	23. PART I. Enter the diseases.	or complicat	lons that co	sed the dea	nth. Do	not ante	r the mo	de of dying, suc	h aa c	ardiac or reap	iratory a	rreat,	Approximate		
	ahock, or heart fall IMMEDIATE CAUSE (Final disease or condition		,										Onset and Dea		
	resulting in death)	8		onia,			втту						4 days	_	
					s a consequence of: Obstructive Pulmenary Disease								Ì		
CERTIFICATION	Sequentially list conditions,	b			A CONSEQUENCE OF):										
CAT	if any, leading to immediate cause. Enter UNDERLYING				Consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the considera										
Ē	CAUSE (Disease or Injury that initiated events	-	DUE TO (OF	AS A CONSEQ	WENCE C	F):									
H	resulting in death) LAST	d													
C	PART II. Other aignificant cond	litions contrib	utina to de	ath but not e	saultina.	in the u	nderhiln	a cause Sheet In	Part I	. 24s. WAS AN	ALITORN	241	. WERE AUTOPSY FINDING		
DICAL	Status pest e				_				raiti	PERFO		240	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
Ŏ	parietal and									1 TYES	NO MO		OF DEATH?		
MEC	Para a de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la c		42.00	a. cone	5000	. 76	TANT	o rectur					1 YES 2 NO		
N	25. WAS CASE REFERRED TO MEDIC						20.5	400 05 05 05 1511 101						_	
PHYSICIAN:	EXAMINER?	HOSPI				OTHE	R:	LACE OF DEATH (Ch							
₹	27. MANNER OF DEATH		DATE OF IN	R/Outpatient 3	28b. Til			URY AT		Other (Specify) OESCRIBE HOW	INJURY O	CCURED		\dashv	
	1 Netural 5 Pending		(Month, Day,	Your)	IN	JURY	WC	YES 2 NO	200	OLGOINDE HOW		0001123			
В	2 Accident Investige 3 Suicide 8 Could by	280	PLACE OF I	NJURY — At hor	me, ferm,	atreet, fac			28f. I	LOCATION (Street	and Numb	er or Rural	Route Number,	\dashv	
COMPLETED	3 Suicide 8 Could no		building, etc	. (Specify)					(City or Town, State)				
Z	29a. CERTIFIER (Check only	PHYSICIAN: To the	he best of my	knowledge, de	ath occur	red at the	time, date	and place, and due	to the	cause(a) and ma	nner se si	ated.			
NC.	one)												a) and manner os stated.		
	29b. SIGNATURE AND TITLE OF CER	TIFIER		_		_	-	29c. LICENSE NU	MBER		29d. D/	TE SIGNES) (Month, Day, Year)	-	
BE	Elsa m	(9)	enc	2	14								0-1990		
5	30. NAME AND ADDRESS OF PERSO	N WHO COMPLE	TED CAUSE	OF DEATH (ITER	M 27) (Typ	n, Print)	•	D= 1509	7.7				0 . 1 1 0		
	Elsa Goris, M.	מ ת	0 Pc-	- 2048	The ear		A	Saligh		Ma7		04904			
8	31. DATE FILEO (Month, Day, Year)	23		SIGNATURE	NAME:	चलावात <u>.</u>	AVA	ORLIED)	u cy	DISTENSE.	1616	2 100			

FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

	1 - STATE REGISTRAR	SIAIE UF N	IANTLAND	CERTIF	ICATE	OF			MEM	REG. NO	1 1		857 5
	1. DECEDENT'S NAME (First, Middle, Last)	0111	h	der	0					ATE OF DEATH	AY	VEAD	TIME OF DEATH
	Harold WUN	PHIL		014	KK					7		90	4.30 AM
	4. SOCIAL SECURITY NUMBER 214-07-4699	5. SEX 1 1 1 M 2	6. AGE (In yrs.	lest birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DI	ATE OF BIRTH forth, Day, Year) LCh 21,	1905	Country	CE (State or Foreign
	9a. FACILITY NAME (If not institution, give st		65	THS.	Oh CITY	TOWN	D I OCATI	ON OF DE		nen 21,		TY OF DEATH	
Œ	Greater Laurel-Be		Hospi	tal		aure		ON OF DE	AIR			nce G	
5	RESIDENCE OF DECEDENT		no opro								1	7,00	00 190
DIRECTOR	10e. STATE 10b. COUNTY				Y, TOWN (ION					1.77	I. INSIDE CITY LIMITS?
	Md. Princ	e George			Laur		ZIP COD				T	EN OF WHAT	YES 2 NO
RAI	310 Thomas Driv	0				101	2070	_				S.A.	COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13.	WAS DEC		<u> </u>	HC OR	IIGIN? (Specify Ye			American Indian,
	1 Never Merried 2 Merried	FORCES? 1		€ио	2.3	If yes, sp	cify Cube		n, Pue	rto Ricen, etc.)		Black, WI	hite, atc.
ВУ	3 Widowed 4 Divorced												White
TED	15. DECEDENT'S EDUC (Specify only highest grade		16a.	(Give kind of life, Do NOT us	USUAL O	CCUPATIO during mo	N st of workli	ng		16b. KIND OF BU	ISINESS/INDU	ISTRY	
ZE.	Elementary/Secondary (0-12)	College (1-4 or 8)	Superv						State 1	Roads	Commi	sion
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NAI	ME (F)	rst, Middle, Maider			
	unknown Sta	rk								nknown			
) BE	19a. INFORMANT'S NAME (Type/Print)									Number, City or Tox			
2	Angela M. Mc Ardl			3305	Wind	Sor	Plac	e C	her	sy Chase	<u> </u>		
	20a. METHOD OF DISPOSITION 1/a Burlal 2 Cremation 3 Rem	oval from Statu		CE OF DISPO							DCATION C		
	4 Donation 5 Other (Specify)	TEMBER	51.	MA'rys				SS OF FA			irel,	малух	ana
	21. SIGNATURE OF FUNERAL SERVICE LA	ACMOSES.			22.	Dona	ldso	n Fu	ne	ral Home	2 P.A.		_
_	There A.	AM											0707
	23. PART I. Enter the diseases, or on shock, or seem failure.	complications the List only one cau	t caused the use on each i	death. Do	not enter	the mo	de of dy	ing, eucl	h ae	cerdiec or reep	piratory arre	et,	Approximete interval Between
	IMMEDIATE CAUSE (Fine)	1W	1/ AD 1		1. /	Y-1	000	-10	1				Onset and Death
	disease or condition resulting in death)	0	(OR AS A COM			171	ICT	701	<u> </u>				
_		DOE 10	(On AS A CON	ISECUENCE C	r-);								1
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CON	SEQUENCE O	F):								
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	С											
THE	that initiated events resulting in death) LAST	DUE TO	(OR AS A COA	SEQUENCE O	F):								
EH.	Todaling in domin, and	d											
	PART ii. Other significant condition	ns contributing to	death but n	ot resulting	in the u	nderlyin	g ceuse	given in	Part		N AUTOPSY PRMED?		RE AUTOPSY FINDINGS
2										1 TYES		co	MPLETION OF CAUSE DEATH?
ME												10	YES 2 NO
ÿ													
10/	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	R:	1111	DEATH (Ch					
PHYSICIAN: MEDICAL	1 YES 2 NO	1 Definpationt 2		28b, Til			NO 5 □ R	esidence	_	Other (Specify) DESCRIBE HOW	INJURY OCC	LURED	
	1 Netural 5 Pending	(Month, L			JURY	W	PRK? YES 2	□ NO					
BY	2 Accident Investigation 3 Suicide 8 Could not be		OF INJURY A	it home, farm,	street, fed	ctory, offic			281.	LOCATION (Street		or Rural Rout	e Number,
TEL	4 Homicide determined	bunoing	etc. (Specify)							City or Town, State	7		
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best o	f my knowledge	, death occur	red at the	time, date	end plac	e, end due	to the	e cause(e) and m	enner as state	d.	
OM	one) 2 MEDICAL EXAMINE	ER: On the basie of	manination and	1/or Investigati	on, in my	opinion,	leath occu	ared at the	Ilme,	date end place, o	end due to the	e ceuse(e) er	nd manner ee stated.
ш	296, SIGNATUSE AND TITUE OF CERTIFIE	MAR					29c. LIC	ENSE NUI	MBER		29d. DATE	SIGNED (M	orith, Day, Year)
TO B	MUKING	(UV)					1)2	492	24	7	▶ //	puli	1 1990
_		10 COMPLETED CAL			- A - A								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALLIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within == would after death. Page 6 may be retained by the hospital or attending physician.	after death. Page is may be retained by the hospital of attending physician.
TO THE FUNEFAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Present	by the funeral director, page 5 should be detached for use as the burial-transit permit. Page
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	тома,
IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	ical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Li			FICATE O		MENTAL HYGIENE REG. NO.		
Ellen Lorett	a Sheckells				2. DATE OF DEATH DAY 7 16	90	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 220-74-6978 96. FACILITY NAME (If not institution, g	1 🗆 M 2 🏋 F	AGE (in yrs. last birthda)	MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) 1/12/04	8. BIRT Coun	Maryland
Lorien Nursing	Home		98. CITY, 10WF	OR EUCATION OF DE	Ain		ard Co.
10e. STATE 10b. COL			Baltimor				10d, INSIDE CITY LIMITS? 1)XXYES 2 NO
10. STREET AND NUMBER 2837 Little S	toffond Ct			101. ZIP CODE 21223		10g. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT	YES 2 NO	If yes,			r No — 14. RAG Ble	CE — American Indien, ck, White, etc.
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)		(Give kind life. Do NOT	r's USUAL OCCUPA of work done during in f use retired.)	TION nost of working	16b. KIND OF BUSIN		
17. FATHER'S NAME (First, Middle, Last, Henry Lamp)			18. MOTHER'S NA	ME (First, Middle, Meiden St	urname)	
19e. INFORMANT'S NAME (Type/Print) Mary Sharp					St., Balto.		21223
20a. METHOD OF DISPOSITION 1 Devial 2 Cremation 3 1	Removal from State	20b. PLACE OF DISF	POSITION (Name of a	cemetery, cremetory or	20c. LOCA	ATION — City or	Town, State
4 □Donetion S □ Other (Specify) 21. SIGNATURE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVICE A STATE OF PRICE AL. SERVI	E LICENSEE LOL	Imen:	Gary				
23. PART 7. Enter the discesses shock, pr heart that iMMEDIATE CAUSE (Fine) disease or condition resulting in death)	e. List only one cause	on each line.	. 05:				Approximate interval Betwee Onset and Dast
	ra Clu	orug wr	in acc	77. 4 4 4		-9	
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	С	DR AS A CONSEQUENCE		ili reii	al fails	uę	5ylar
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1. DECEDENT'S NAME (First, Middle, Lest) Byron L. Stephen:	s				OF D			2. DATE O	F DEATH y 18,	1990	YEAR	3. TIME OF DEATH 11:55 AM M
		6. AGE (In yrs. lest		IF UNDER		UNDER 2	MIN.	7. DATE O (Month,	F BIRTN Day, Year)	1016	Country	chigan
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9a. FACILITY NAME (If not institution, give atre 9322 Millbrook Road				100	town or L			ATH		9c. COUNT	owar	
RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY Maryland Howar	d				DR LOCATION							10d. INSIDE CITY LIMITS? 1 YES 2 XNO
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9322 Millbrook R	oad				210)43				U.S.	A.	
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7. FATHER'S NAME (First, Middle, Last) H. Harley Stephen	G				18			ME (First, M Lncha	iddie, Meiden	Surname)		
Da. INFORMANT'S NAME (Type/Print)	3	19h	MAILING	ADDRES	S (Street and					n, State, Zip C	Corde)	
Mrs Jeanne Stephe	ns									City I		21043
0s. METHOD OF DISPOSITION Burlel #13 Cremation 3 Remove Donation 5 Other (Specify)	val from State	20b. PLACE Cother pie Meti	of Dispo	remai	tory 1	Inc			Ca		ille	Maryland
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23. PART I. Enter the disease, or concended, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	se on each line.	DUENCE C	not anta	the mode	of dyle	Columng, such	nbia h ee card	P9kee	11ico	et,	Approximata Interval Batween
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Laurence R. Ga 31. DATE FILED (MONTH). Day, Year) 90 Gallager, 3455 Wilkens Avenue Baltimore, Maryland M.D. 32. REGISTRAR'S SIGNATURE
Julia Davidson-Randalle

IN NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1 -	STATE REGISTRAR
_	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Bruce As	st, Middle, Lest)							2. DATE OF MONTH	DA		YEAR	3. TIME OF DEATH	
DIACE NO.	hton :	Smith	Jr.					Ju1y			990	10:53A	
4. SOCIAL SECURITY NUM 216-40-60		5. SEX 1 M 2 D F	6. AGE (In yrs. I	ast birthday) YRS.	MONTHS C	YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D 01-0	ay, Ybar)	7	Countr	PLACE (State or Foreign	
9a. FACILITY NAME (# not 23 Green	institution, give						n Head	ATH			erle		
10e. STATE MD	10b, COUNT	rles		. Indian Head							10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
10e. STREET AND NUMBE 23 Green		Place		101. ZIP CODE 2064							10g. CITIZEN OF WHAT COUNTRY? Charles		
11. MARITAL STATUS 1 Never Merried 2 3 Did Widowed 4 Did		FORCES?	NT EYER IN U.S. A LANGE TO 193	IN U.S. ARMED 13. WAS DECENDENT OF HISPA 15 yes, specify, Cuben, Mexic					PANIC ORIGIN? (Specify Yes or No. 14.			I. RACE — American Indian, Black, White, atc. Specify: White	
				(Give kind of	usual occ work done dur se retired.) 1ent	ing mos	n t of working chnicia	TT	S. efen	Gov		nent	
17. FATHER'S NAME (First, Bruce As		Smith S	r.				18. MOTHER'S NA Unkr		da, Maiden	Surname)			
190. INFORMANT'S NAME Pearl Lor	(Type/Print)			196. MAILING 23 G	reenw	Street a	d P1.	ndia	chy or Tow n He	n, State, Z	MD.	20640	
20e. METHOD OF DISPOS 1 Burial 2 Forema 4 Donation 6 Oth		moval from State	20b. PLAC Office Lee	e of dispo	sition (Name mator	of cen	netery, crematory or				ton.	MD. 207	
21. SIGNATURE OF WHEN		ICENSEE		0173	22, NA	ME AN	o address of fa	E.	- and		_	ortuary a, MD.	
Sequentially list condif any, leading to imposure. Enter UNDERI CAUSE (Disease or in that initiated events resulting in death) L/	nedlete LYING njury	& ISC	ITEMI S	ESTIVE HEART FA A CONSEQUENCE OF: A CONSEQUENCE OF: LIZED ARTERIOSCLA A CONSEQUENCE OF:									
PART II. Other algorifi		dona contributing	to death but no	t resulting	in the und	eriying	g cause given in		4a. WAS AN PERFOI YES	RMED?	Y 24	b. WERE AUTOPSY FINDIN MARLABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
												1 WES 2 NO	
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER:		ACE OF DEATH (CA	eck only one)				1 WES 2 NO	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6	Pending Investigation	1 Inpatient 2 26s. DATE (Month,	☐ ER/Outpatient OF INJURY Day, Vear)	28b. TI	4 - Nursi	ng Hom	e 6 Residence URY AT RK?	1		INJURY O	CCURED	1 YES 2 NO	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 [2 Accident	☐ Pending	1 Inpatient 2 28s. DATE ((Month,	OF INJURY	26b. Ti	4 Nursin	ng Hom t8c. INJ W0	e 6 Residence URY AT RK? FES 2 NO	6 Other (RIBE HOW	end Numb		1 YES 2 NO	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 [2 Accident 3 Suicide 6 [4 Homicide 29e. CERTIFIER (Check only	Pending Investigation Could not be datermined	28e. DATE (Month, 28e. PLACE buildin	OF INJURY — At g, etc. (Specify)	28b. Ti	4 Nursit	tBe. INJ WO 1 1 1	e 6 Residence URY AT RK? /ES 2 NO end place, and due	6 Other (c) 28d. DESC! 28f. LOCAT City or	IDN (Street Town, State	end Numb)	per or Rural		
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 [2 Accident 3 Suicide 6 [4 Homicide 29e. CERTIFIER (Check only	Pending Investigation Could not be datermined ERTIFYING PHY EDICAL EXAMI	28e. DATE (Month, 28e. PLACE buildin SICIAN: To the best	OF INJURY Dey, Veer) OF INJURY — At g, etc. (Specify) of my knowledge, t examination end.	home, farm	ME OF LIURY M 2	ng Hom Wo 1 1 1	e 6 Residence URY AT RK? /ES 2 NO end place, and durenth occurred at the	6 Other (c) 28d. DESCI 28f. LOCAT City or to the cause time, date en	IDN (Street Town, State	end Numb	tated. The couse	Route Number, (e) end manner ee stated (ii) (Month, Day, Year)	

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 -	FOR STATE REGISTRAR	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO).	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
ı	Edward Free	derick S	trasse	P C			13 1	1990 11:19 A.MM
				IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign
	040 44 4-44	1000		ONTHS DAYS	HOURS MIN.	(Month, Pay, Year)	1000	Country)
ŀ	212-10-1700	X M Z L F	THS.			10-17	- 1898	MD MD
	9e. FACILITY NAME (If not institution, give atree	t and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COU	INTY OF DEATH
٣ ا	Memorial Hospita	a 1		East	on			Talbot
KI	RESIDENCE OF DECEDENT	11		Last	011			Taibor
ŭ l	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
DIRECTOR	MD Carolir	ne	Gold	sboro				1 YES 2 NO
	10a. STREET AND NUMBER			110	I. ZIP COOE		10g CIT	IZEN OF WHAT COUNTRY?
A I	Rt. 1 Box 165-27	,			21636		-7	
								SA
FUNERAL		2. WAS DECEDENT EVER IN I FORCES? 1 YES	U.S. ARMED		CENDENT OF HISPAN pecify Cuban, Mexical	IC ORIGIN? (Specify Y	ee or No—	14. RACE — American Indien, Black, While, etc.
BY	1 Never Merried 2 Merried 3 X Widowed 4 Divorced	IF YES, GIVE WAR OR DAT			3 2 NO Specify			Specify White
	3 X Williams 4 [] Divolced			1				wille
COMPLETED	15, DECEDENT'S EDUCAT (Specify only highest grade co.		16a. DECEDENT'S U	SUAL OCCUPATI		18b. KIND OF B	JSINES\$/INI	DUSTRY
<u> </u>		College (1-4 or 5+)	Ille. Do NOT use	retired.)	out or working			
ᆲ	12 4	- 0.00	St	atiticia	n	Am S	meltir	ng Corp.
<u></u>	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maide		
	Carl A Strasser					eth Schmi		rassor
8								
2	19a. INFORMANT'S NAME (Type/Print)					loute Number, City or To		
-	Edward F. Strass	ser, Jr.	Rt.1	Box 16	5-2 2 Gold	isboro, M	D 216	36
	20a. METHOD OF DISPOSITION	20b. I	PLACE OF DISPOSI	TION (Name of co	metery, cremetory or	20c. L	OCATION -	- City or Town, State
1	1 ☐ Burial 2 💢 Cremation 3 ☐ Remove 4 ☐ Constion 5 ☐ Other (Specify)	II from State	Sa	alisbury	/ Cm	Sal	isbur	y, MD
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE			ND ADDRESS OF FA	Cree	nshor	ro, MD 21639
}		1.		Floor	lo-Hlofoni	pein FN H		
	Tekolin!	sluge		reeg	e-merem	Selli Fia L	IVI PO	DA 160
	23. PART I. Enter the diseases, or cor	npilcations that coused	the death. Do no	t anter the m	ode of dying, suci	n se cardiac or rea	piretory ar	rreat, Approximate
	shock, or haert failure. Lis	it Only one cause on ee	ch iina.					Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	1.	11. 1 6					Onset and Death
1	resulting in death) s.	Conjestine	iseals 1	aucine				
		Conjestine BUE TO FOR AS A O ASCVS	CONSEQUENCE OF)	1	MAT			
z	6.	AJCVD O	SITK /	moterce	ITIL			
일	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	•				
3	cause. Enter UNDERLYING CAUSE (Disease or injury							1
CERTIFICATION	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	:				
눈	resulting in death) LAST							
빙	d							
	PART ii. Other algnificant conditions		t not resulting in	the underlyic	ng cause given in		N AUTOPSY	
<u>5</u>	RENAL FAILUR	.E				1 □ YES		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1 1 1 1 1 1 1 1 1	2 MAO	OF DEATH?
Σ								1 TYES 2 NO
ÿΙ								
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL .		26. I	PLACE OF DEATH (Ch	eck only one)		
Š	1 TES 2 NO	HOSPITAL: X Inpetient 2 ER/Outpe	tient 3 DOA		me 5 🗆 Residence	6 Other (Specify)		
主	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME	OF 28c. IN	JURY AT	28d. DEŞCRIBE HOV	INJURY O	CCURED
	1 Natural 5 Pending	(Month, Day, Year)	INJU		YES 2 NO			
B	2 Accident Investigation	28e. PLACE OF INJURY -	- At home farm of	met factory off	co	281 LOCATION (Street	t and Numbe	er or Rural Route Number,
	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specif		, , , , , , , , , , , , , , , , , , , ,		City or Town, Sta		or rioral rouse training,
COMPLETED								
ا ٦	29a. CERTIFIER Check only	AN: To the best of my knowle	dge, death occurre	d at the time, da	a end place, end due	to the cause(e) end n	sanner as str	ated.
Ξ	(one only							the cause(e) and manner as stated.
8		21 4 1	//	11 - 5-0-00111				
BE	296. SIGNATURE AND TURE OF CERTIFIER	11111			29c. LICENSE NUI		29d. DA	NTE SIGNED (Month, Day, Year)
	1/ourly/1	10 Webx			D36	411		7/13/90
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF BER	TH (ITEM 27) (Type,	Print)				
	Robert Melf	i MD.	506 T	ilewil	d Ave	Easton). N	Md. 21601
			TURE L			245 601	-, -	
	31. DATE FILEO (Magth, Dey, Joar)	32. HEGISTHAR'S HIGHA	dson-Handa	00_				
		: W	-					

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Dinous c		helifiad
page :		ho n
lrector,		must
funeral d	n with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	arted or item 22 shows any injury or other traumatic event the medical examinar must be notified at once
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ompletery	I, cremal	AVAIN
and co	buria	natic
Sician	orior to	train
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	FOR	STATE OF MA	RYLAND /	DEPAR	TMEN	r OF H	EALTH AND I	MENTA	L HYGIEN	E	5 0	tion 4	
	1 - STATE REGISTRAR						DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)).				2. DATE	OF DEATH	v	YEAR	3. TIME OF D	EATH
ĺ	Hazel Glad	ys TROT	T					Ju.		-	90	23:0	5 M
	4. SOCIAL SECURITY NUMBER 445 16 4594	5. SEX 6.	AGE (In yrs. lest	birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE (Mon 2 – 2	OF BIRTH th, Day, Year) 0-14		6. BIRTH Countr Kan	PLACE (State of y) Sas	r Foreign
	9a. FACILITY NAME (If not institution, give str	eet and number)			9b. CITY	, TOWN O	R LOCATION OF DI	EATH		9c. COU	NTY OF D	EATH	
DIRECTOR	Anne Arundel Gene	ral Hospi	tal		Ann	apol	is			An	ne A	rundel	
E I	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCATI	ION					10d. INSIDE (YTE
뜸	MD Anne	Arundel		Lot	hiar	n					- 1	1 YES 2	₩ NO
	10e. STREET AND NUMBER					101.	ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTR	Y?
FUNERAL	5199 Old Solomon	s Island	Rd.				2071	1				Ţ	ISA
ž	11. MARITAL STATUS	12. WAS DECEDENT E		MED	13.	WAS DECI	ENDENT OF HISPAI		N? (Specify Yes	or No-	14. BACE	E — American	Indian,
Β¥	1 Never Married 2 K Married 3 Nidowed 4 Divorced	FORCES? 1 [] IF YES, GIVE WAR		0			city Cuban, Mexica 2 X NO Specif		Riceri, etc.)		Speci	k, White, etc. lly: W	hite
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of					CCUPATIO	N st of working	16	b. KIND OF BUS	SINESS/INI	DUSTRY		
E	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life.	Do NOT us	se retired.)	ourny mos	st or working						
PI	8		h	ouse	wife				_				
ő	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NA	ME (First,	Middle, Malden	Sumeme)			
BEC	James C		Th	omas			Myrtle	2				Booz	e
	19a. INFORMANT'S NAME (Type/Print)		196	, MAILING	ADDRES	\$ (Street as	nd Number or Rural	Route Nun	ber, City or Town	n, State, Zi	p Code)		
2	Herbert C. Trott			sa	me a	s 10	above						
	20s. METHOD OF DISPOSITION				SITION (N	ame of cen	netery, crematory or		20c. LO	CATION -	City or To	own, Stata	
	1X Buriel 2 ☐ Cremation 3 ☐ Remo	wal from State	Fri		hip	UM C	emetery		Fr	iend	ship	(AA)	MD
	21. SIGNATURE OF FUNERAL SERVICE DC	ENSEE /	7		22.	NAME AN	D ADDRESS OF FA	CILITY					
	M/ 11/kka	of the	36				h Funera				s, M	D 207	36
	21 PART I. Enter the diseases, or c shock, or heart failure. I	ompilcations that	aused the de	ath. Do i	not ante	r the mo	de of dying, suc	h aa ca	diac or reapi	ratory ar	reat,	Appro	kimata ii Between
	IMMEDIATE CAUSE (Final												end Death
	disease or condition resulting in death)	Rego	ing the	N 7	Fail	we	•						
	readility in country	DUE TO (O	AS A CONSEC	ENCE O	F):	-							
z		DUE TO (OI	via e	sto act	rect	T NOT.	Kilmon	474	dise	eie.			
CERTIFICATION		DUE TO (OI	R AS A CONSEC	WENCE O	F):			1					
S	cause. Entar UNDERLYING CAUSE (Disease or Injury	c											
띨	that initiated eventa	DUE TO (OI	R AS A CONSEC	PUENCE O	F):								
	resulting in death) LAST	4											
- I	PART ii. Other aignificant condition	s contributing to de	eath but not n	esultina	in the u	ndarlylno	r ceuse given in	Part i	24s, WAS AN	AUTOPSY	2.40	. WERE AUTOP:	SY FINDINGS
PHYSICIAN: MEDICAL	- Julian digunidam domaine		Jacob Bat Mot I	oouning			g couse given in		PERFOR			AVAILABLE PE	NOR TO
ŏ									1 [] YES 2	□ NO		OF DEATH?	OF GROOL
M												1 TES 2	□ NO
ž													
ĕ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF DEATH (C	heck only	one)				
S	1 TES 2 NO	1 Inpatient 2 E	R/Outpetient 3	□ DOA			e 5 🗆 Residence	6 🗆 Ott	er (Specify)				
둦	27. MANNER OF DEATH	26a. DATE OF IN (Month, Day,	JURY Year)	26b. TIN	IE OF JURY	28c. INJ WO	URY AT	28d. DI	SCRIBE HOW I	NJURY O	CURED		
ВУ	1 Netural 5 Pending 2 Accident Investigation				М	1 🗆 1	rES 2 NO						
	3 Suicide 8 Could not be	28e. PLACE OF I building, etc	NJURY — At ho	me, farm,	street, fac	ctory, offic	•	28f. LO	CATION (Street y or Town, State)	and Numbe	or Runal	Route Number,	
1	4 Homicide datermined												
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of m	y knowledge, de	ath occur	red at the	time, date	and place, and du	e to the c	euse(a) and ma	nner as et	rted.		
M	one) 2 MEDICAL EXAMINE	_										a) and menner	ea stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICENSE NU	MBER		29rt DA	TE SIGNE	D (Month, Day,	fear)
BE	Rubet 7 1	//					D248					6-80	
10	1 - mul	There					Da To				6	6 (0	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

2

DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last) 1. DECEDENT'S NAME (First, Middle, Last) 1. DECEDENT'S NAME (First, Middle, Last) 1. DECEDENT'S NAME (First, Middle, Last) 1. DECEDENT'S NAME (First, Middle, Last) 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GO GEATH MONTH DAY TO GO GEATH MONTH DAY TO GO GEATH MONTH DAY TO GE DEATH 2. DATE OF OEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH DAY TO GEATH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH DAY TO GEATH DAY TO GEATH MONTH DAY TO GEATH DAY TO GEATH MONTH DAY TO GEATH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GE GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH DAY TO GEATH MONTH DAY TO GEATH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH MONTH DAY TO GEATH DAY TO GEATH DAY TO GEATH DAY TO GEATH DAY TO GEATH DAY TO GEATH DAY TO GEATH DAY TO GEATH DAY TO GEATH DAY TO GEATH DAY TO GEATH DAY TO GEATH DAY TO GEATH DAY TO GEATH DAY TO GEATH DAY TO GEATH DAY TO GEATH DAY TO GEATH DAY TO GEATH DAY TO GEATH DAY TO GEATH DAY TO GEATH DAY TO GEATH DAY TO GEATH DAY TO GEATH DAY TO GEATH DAY TO GEATH DAY TO GEATH DAY TO GEATH DAY TO GEATH DAY TO GE	
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) 7. DATE OF BIRTH (Morth, Day, Vear) 8. BIRTHPLACE (Steins Country) FLORID 1	OEATH
263 48 1605 1 M 2 MJF 58 VRS. MONTHS DAYS HOURS MIN. AUG 20 1931 FLORID	H OCO
	e or Foreign
9a FACILITY NAME (If not institution give street and number)	A
SEC COUNTY OF DEATH	
A.A. MEDICAL CENTER ANNAPOLIS ANNE ARUNDE	L
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	S? Y
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNT	TRY?
109 BLACKFOOT DR. 22012 USA	
11. MARITAL STATUS 1 Never Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: 14. RACE — American Black, White, etc. Specify HIT	
15. OECEOENT'S EDUCATION (Specify only highest grade completed) 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	
Elementary/Secondery (0-12) College (1-4 or 5+) College (1-4 or 5+) HOUSEWIFE HOMEMAKER	
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)	
SAMUEL CLIFFORD PINNEY LAURA ENGLAND	
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
LAMAR W. TUZO 109 BLACKFOOT DR. ARNOLD, MD. 21012	
20e. METHOD OF DISPOSITION 1 Burial 2 Cremellon 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place)	
4 Donation 5 Other (Specify) METROPOLITAN CREMATORY ALEX. VA	
1. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY TAYLOR FUNERAL CH	APEL
malel S. Juy for ANNAPOLIS, MD. 21401	
	roximate rval Between
IMMEDIATE CAUSE (Finel	et and Death
a. respiratory failure oue to (or as a consequence of):	
OUE O (OR AS A CONSEQUENCE OF):	
Sequentielly list conditions, if any, leading to immediate b. Chronic bistructure airways discase OUE TO (OR AS A CONSEQUENCE OF):	
cause. Enter UNDERLYING CAUSE (Disease or Injury	
that initiated events resulting in death) LAST	
d.	
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? AMAILABLE COMPLETIO	PRIOR TO ON OF CAUSE
PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? AMALABLE COMPLETION OF DEATH?	PRIOR TO ON OF CAUSE
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? AMAILABLE COMPLETIO	PRIOR TO ON OF CAUSE
PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)	PRIOR TO ON OF CAUSE
PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTO AMAILABLE COMPLETION OF PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 3 YES 2 YES 3 YES 3 YES 3 YES 3 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES 4 YES	PRIOR TO ON OF CAUSE
PART II. Other significent conditions contributing to death but not resulting in the underlying couse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28d. DATE OF INJURY 28d. DATE OF INJURY 28d. DATE OF INJURY 28d. TIME OF 28d. NUJRY AT 28d. DESCRIBE HOW INJURY OCCURED	PRIOR TO ON OF CAUSE
PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1	PRIOR TO ON OF CAUSE
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2 where the within 72 hours after death with the State Dept. of Health and Mential Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MAR		MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	•						
	1. DECEDENT'S NAME (First, Middle, Last) MCCOY A. TRADE	M.		2. DATE OF DEATH DAY	YEAR	TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. A	GE (In yrs. lest birthday)	F UNDER 1 YEAR F UNDER 24 HRS. ONTHS DAYS HOURS MIN.	2. DATE OF BIRTN (Month, Day, Year)	8. BIRTNPL	ONSBURG, MD					
R	9a. FACILITY NAME (If not institution, give street and number) Peninsula General Hospital		Salisbury		ec COUNTY OF DEAT						
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		TOWN OR LOCATION		1 22	d. INSIDE CITY					
AL DI	MD. WICOMICO 100. STREET AND NUMBER	SAL	ISBURY, MD.		10g. CITIZEN OF WHA	YES 2 NO					
FUNERAL	419 DELAWARE AVENUE 11. MARITAL STATUS 12. WAS DECEDENT EVIFORCES? 1		21801 13. WAS DECENDENT OF NISPAI If yes, specify Cuban, Mexica		or No- 14. RACE Bleck, W	American Indian,					
ĕ	3 ★ Widowed 4 Olvorced IF YES, GIVE WAR C	OR DATES	1 Tes 2 NO Specifi	y:	AFRO-	AMERICAN					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 11th College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wo life. Do NOT use	rk done during most of working	AUTO-	MECHANICS	&Supt.					
	17. FATHER'S NAME (First, Middle, Lest) CHARLES TRADER		18. MOTHER'S NA	ME (First, Middle, Maiden S ANNIE							
TO BE	190. INFORMANT'S NAME (Typo/Print) PAULETTE EVERETT	(T'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code									
	20e. METNOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Removal from Stata 4 Donation 5 Other (Specify)	GREEN ACRES	ON (Name of cometery, cramatory or MEMORY PARK		ISBURY, M						
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE SOUL B. SOUL	ly	JOLLEY MEMORIA SALISBI	ALTYCHAPEL, URY, MD. 21		OX 920					
	23. PART I. Enter the diseases, or compiletions that ce shock, or heart failure. List only one cause of IMMEDIATE CAUSE (Fine)	of each line.			ratory srrest,	Approximate Interval Between Onset and Death					
	disesse or condition resulting in death)	AS A CONSEQUENCE OF):	Liocarcinoma	prostat	e	Syens					
NOIL	Sequentially liet conditions, ff sny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):										
	resulting in death) LAST d PART ii. Other significent conditions contributing to dea	th but not resulting in	the underlying cause given in	Part I. 24a, WAS AN	ALITYDREV 245 W	ERE AUTOPSY FINDINGS					
PHYSICIAN: MEDICAL				PERFOR:	MEO? A	AILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO					
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF DEATH (C)								
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TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide daterminad 28a. PLACE OF IN. building, etc.	JURY — At home, ferm, str (Specify)	reet, factory, office	281. LOCATION (Street a City or Town, State)	nd Number or Rural Rou	te Number,					
COMPLETED	20e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my one) 2 MEDICAL EXAMINER: On the basis of exami					nd manner as stated.					
BE	29h SIGNATURIE AND TITLE OF CENTURIER		29c. LICENSE NU	853	≥ 7/21	fonth, Day, Year) 90					
7	Charles B, Silvia Tr		PGHMC								
10	31. DATE FILED (Month, Day, Year) 32. REMISTRAR'S STATE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE	The Market									

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

	HEGISTHAN			LITTE	CATE	OF I	DEATH	R	EG. NO.				
ŀ	1. DECEDENT'S NAME (First, Middle, Last)				MONTH DAY YEAR			3. TIME OF DEATH					
	ROBERT	BENJA			TYRE			7	19		90	09;25am	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. la		MONTHS C	_	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, De			8. BIRTH Country	PLACE (State or Foreign	
	221-18-3158	1 🔀 M 2 🗆 F	60	YRS.					5 3	0	De.		
_	Se. FACILITY NAME (If not institution, give st	reet and number)			96. CITY, TO	OWN OF	LOCATION OF DE	ATH		9c. COU	NTY OF D	EATH	
9	PENINSULA GENER			SAL	ISBURY			WI	COMI	CO			
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	r, TOWN OR	LOCATIO	ON					10d. INSIDE CITY	
E I	DELAWARE SU	SSEX		_ r	TT MAD						- 1	LIMITS?	
7	10e. STREET AND NUMBER	SOEA			ELMAR	_	ZIP CODE			10g. CIT	IZEN OF W	/HAT COUNTRY?	
FUNERAL	RTE. 1 BOX	4.75					100/0						
Z	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13. WA		19940 NDENT OF HISPAN	IIC ORIGIN? (S	pecify Yes	or No—	14, RACE	— American Indian,	
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	XYES 2 AR OR DATES	NO			olfy Cuban, Mexica		ı, atc.)		Speci	, White, atc.	
B	3 🖺 Widowed 4 🗌 Divorced	Korea			1		NO COCCO					White	
	15. DECEDENT'S EDUC (Specify only highest grade		16a. D	ECEDENT'S	USUAL OCC	UPATION	of working	16b. KIN	D OF BUS	INESS/IN	DUSTRY		
4	Elementary/Secondary (0-12)	College (1-4 or 5 -	•)		vork done dur se retired.)			Вδ	GP	ickl	e Co	•	
MP	8		P1.	Plant Manager					rpto	wn,	Md.		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NAME (First, Midd									
BE	Henry H. Tyre				Flossie Fitzgerald Tyre								
2	19a. INFORMANT'S NAME (Type/Print)				MAILING ADDRESS (Street and Number or Rural Route Number, City or Tox								
-	James L. Tyre			Rt. 1 Box 475 Delmar,									
	20g METHOD OF DISPOSITION 1 ABurlel 2 Cremation 3 Rame	oval from State	other p	olace)			stery, cremetory or				City or To		
	4 Donation 5 Other (Specify)		Bla	des C	emete				B1	ades	, De	•	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	10 1	1			Windsor		oon.	Fune	ro1	Home	
	Millian	W. s	Host 1	7			$0 \times 678 \text{ L}$					nome	
	23. PART I. Enter the diseases, Dr											Approximate	
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- 1	disease or condition MIII TTDIE TAITIDIEC LITTU COMDITICATIONS												
1	resulting in death)		(OR AS A CONS			0.22						1	
z													
일	Sequentially list conditione, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
₹	cause. Enter UNDERLYING CAUSE (Disease or Injury	с		NSEQUENCE OF):									
E	that initiated events	DUE TO	(OR AS A CONS									i	
H	resulting in deeting CAST	d											
EDICAL CERTIFICATION	PART II. Other algnificent condition	a contributing to	death but not	resulting	In the und	erlying	cause given in	Part I. 24	n. WAS AN		240	WERE AUTOPSY FINDINGS	
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A	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DEATH (Ch	neck only one)					
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PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF	INJURY	26b. TIR	E OF 2	28c. INJU	JRY AT	28d. DESCR	BE HOW I	NJURY OC	CURED	truck byan	
7	1 Natural 5 Pending	(Month, E		07.0	JURY M	1 Y		inter	sect	ion.		o stop at	
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Ë	4 Homicide datermined	ROA	DWAY Specify)				T	TE.648	own, State)		FTMA	R DET	
4	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best o	l my knowledge	death occur	ad at the fire	no data						TO LIE TO THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE TOTAL PR	
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5	1000		,	W.		BA		RYLAND	2120		7.11 2	.0, 1990	
10	30. NAME AND ADDRESS OF PERSON WE MARIO F. GOLLE, J. 31. DATE FILED (Month, Day, Year)		,111 PE	NN SI		BA		RYLAND	,2120		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.0, 1990	



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TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2 - ours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)

George W. Vogel 2. DATE OF DEATH 077-24-90

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH										,	YEAR	3. TIME OF DEATH						
	George					07-24-90 YEAR				м								
ĺ	4. SOCIAL SECURITY NUMB	BER	6. AGE (In	AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 H					7. DATE OF			IPLACE (State or Foreign						
i	236-14-9	O YRS.	MONT	MONTHS DAYS HOURS I			01-2	Day, Year)	Country)		" Virginia							
	90. FACILITY NAME (If not in		reet and number)			9b. 0	CITY, TOW	N OR LOC	ATION OF D			9c. COUN						
<u> ۲</u>	207 Hagle	-11 D				A	rno	ld				Anne	Ar	undel				
FUNERAL DIRECTOR	RESIDENCE OF DE					_			-									
뷛	10a. STATE	10b. COUNTY		,			VN OR LO	CATION						10d. INSIDE CITY LIMITS?				
5	MD		Arunde	т_	Ar	nol	a							1 TYES X X NO				
₫	10e. STREET AND NUMBER							10f. ZIP C						WHAT COUNTRY?				
	307 Haske	STT D							2101				USA					
2	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEOEN FORCES? 1	K YES	2 NO		If yes,	specify Cu	ben, Mexic	NIC ORIGIN? en, Puerto Ric		or No—	Blec	E — American Indian, k, White, etc.				
2	3√Widowed 4 □ Divo		IF YES, GIVE \	WWII			1 🗆 1	ES 2X	IO Speci	fy:			Spec	White				
	15. DEC	EDENT'S EDU	CATION		6e. DECEDENT	'S USUA	L OCCUP	ATION		16b. K	INO OF BUS	INESS/INO	USTRY					
5	(Specify online Elementary/Secondary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of the Elementary (Control of	y highest grade	completed) College (1-4 or 5	4)	(Give kind o	l work d use retin	one during ed.)	most of wo	rking	Ì								
COMPLEIEU	12	,	4	"	Edito	r					Wes	ting	hou	se				
5	17. FATHER'S NAME (First, M	fiddle, Last)						16. M	OTHER'S N	AME (First, Mic	ddle, Maiden	Sumame)						
	George D	. Vog	el				Opal Funk											
O BE	19e. INFORMANT'S NAME (Type/Print)			19b. MAILI	IG ADDI	RESS (Stre	et and Num	ber or Rural	Route Number	r, City or Town	n, State, Zip	Code)					
۲	George F	Voa	el		169	5 M	611	ersv	ille	Roa	a. M	ille	rsv	ille. MD				
	20a, METHOD OF DISPOSIT	ION	oval from State		PLACE OF DISP	OSITION	(Name of	cemetery, o	crematory or		20c. LO	CATION -	City or To	own, State				
ı	4 ☐ Donation 5 ☐ Other	r (Spegify)		Ba	<u>ldwin</u>	Me					metei	cy M.	<u>ill</u>	ersville,				
ł	21. SIGNATURE OF SUNERA	IL SERVICE LIC	ENSEE /	//					RESS OF F	nera.	l Hor	ne P	Δ	44				
	Value	4	army.	4						Ave.				MD 21401				
\neg	23. PART I. Enter the d													Approximete				
1	SHOCK, OF H		List only one ca	Use on eed	ch line.	,								Interval Between Onset and Death				
ľ	disease or condition	→	. CAI	2011	roms	70515 2 Main							12 raonth					
ł					CONSEQUENCE					_				11.1				
z I	Sequentially list condit	tions.	ь. /С	eng	10		Cek							1 Xegr				
ĭ	If sny, leading to imme	dete	DUE TO	OR AS A	CONSEQUENCE	OF):												
CERTIFICATION	CAUSE (Diseese or inju		c	108 AS A (CONSEQUENCE	OE)												
	that initieted events resulting in death) LAS	т	332 10	(011 /10 /1 (JOHOLOGEHUL	O. ,.								İ				
			d															
- 1	PART II. Other significa	ant condition	s contributing to	desth bu	t not resultin	g In th	e underi	ying ceus	e given in	Part I.	24a. WAS AN PERFOR		24	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO				
EDICAL											1 YES 2			COMPLETION OF CAUSE OF DEATH?				
														1 TES 2 NO				
ž																		
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	TO MEDICAL	HOSPITAL:			ОТ	20 HER:	. PLACE O	F DEATH (C	heck only one)							
2	1 TES 2 NO		1 Inpatient 2			4 🗆	Nursing I			6 🗆 Other								
	27. MANNEB OF DEATH	Pending	26e. DATE O (Month,	F INJURY Day, Year)	266. 1	IME OF		WORK?		28d. DE\$C	RIBE HOW I	NJURY OC	CURED					
R	2 Accident	Investigation	200 BLACE	OF IN HERV	– At home, ferr			YES	2 NO	201 1 0 0 0 1	TION (Ot		0 (On the Manhar				
2	3 Suicide 6 1	Could not be determined	building	, etc. (Specif	y) , ran	n, atreet	, ractory, t	HICH			Town, State)		or nurer	Route Number,				
_	29e. CERTIFIER	_	U								_							
MPLE	(Check only		ICIAN: To the best o															
00	Z [] MEL			examination	and/or Investig	ition, In	my opinio	n, death o	ccured at th	e time, date a	and place, er	id due to th	he cause	(s) end manner ee atated.				
BE	296. BIGHATURE AND TITLE	OF CERTIFIE	"		han			29c.	LICENSE NU	A D ((29d. DAT	E SIGNE	D (Month, Day, Year)				
2	PANAME AND ADDRESS O	E DEBEUM MI	O COMPLETED CO	ISE OF DEA	TH (ITEM 27) C	ma Del-	1		14	1/7		/	···	1 10				
	124 han I	C W	Dep) I'Y	LOK		00	R.1.	00	Ann	- A	nhan	die	MANIGAL				
	31. DATE FILEO (Month, Day,	Year)	32. REGISTR	AR'S SIGNA	TYRE	U		1-16	7	110%	71	- 1	-0	10000				
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	UVL	July A					_											

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Pages 1, 2, 3 should

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detached for use as the

page 5 should be

funeral director,

filled in by the fion, or removal.

prior to burial, cremation,

FUNERAL I

JUL 27

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1314	xecuted	and con burial,
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremati
RECORDS	w requires that the	been signed by the of Health and I
OF VITAL	PHYSICIAN: The law	this certificate has with the State Dep
DIVISION	ITAL DR ATTENDING	RAL DIRECTOR: After 72 hours after death

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR 24 1990 315 GLADYS S. WHITTAKER Tulv 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 ☐ M 2 🙀 F YRS Sept.19,1902 Maryland 216-40-0558 96. CITY, TOWN OR LOCATION OF DEATH 9c, COUNTY OF DEATH 9a. FACILITY NAME (If not institution, give street and number) Anne Arundel Medical Center RECTOR Annapolis Anne Arundel 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a STATE 10d. INSIDE CITY 1 TES ZENO Anne Arundel Annapolis ā Maryland 10e. STREET AND NUMBER 101 ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? FUNERAL U.S.A. 21401 .722 Long Green Drive 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES ZXNO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuban, Mexican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 YES 2 NO Specify: 3 Wildowed 4 Divorced White BY COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 165 KIND OF BUSINESS/INDUSTRY Elamentary/Secondary (0-12) College (1-4 or 5+) 12 Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Charles Marion Sweeney Carolyn Pyle BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Carolyn Rardin Long Green Drive, Annapolis, MD 21401 20a. METHOD OF DISPOSITION

Cremetion 3 | F 8 20c. LOCATION - City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) must Hillcrest Quantion 5 Other (Specify) Cemetery Annapolis, MD examiner TURE OF FUNERAL SERVICE 22. NAME AND ADDRESS OF FACILITY Taylor Funeral Chapel 21401 147 Gloucester St. Annapolis medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition event, resulting in deeth) Lumary traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF). if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST Injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FIHDINGS MEDICAL AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 YES 2 NO DF DEATH? 1 TYES 2 TNO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 - Residence 8 - Other (Spec/ly) 4 Nursi 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 26b. TIME OF marked, 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 60 8 Could not be COMPLETED 4 Homicide 28 Item 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my immediate, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINES On the basis of exami TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: I eligation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE, AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Months Day, Year) BE 26 8194 2 30. NAME AND ACT COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Lichtenstein, Jack 207 Ridgely Ave., Annapolis M.D. Julia Davidson-Andare 31. DATE FILED (Month, Day, Year)

DHMH-18 Rev 1/89

military I gro

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	•	FOR STATE REGIST	RA
-	1, D	ECEDENT	'S N

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERT	FICALI	E UF	DEATH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF				3. TIME DF DEATN
	Horace	Wils	on				() 7	2.		90	10:40 P M
	4. SOCIAL SECURITY NUMBER			(In yrs, last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.					19		PLACE (State or Foreign
) F	MONTHS	DAYS	HOURS MIN.	?. DATE OF E (Month, De	y, Year)		Country	
	212-10-2234	t2⊠ M 2 □ F	SD YRS				March	10 1	905	MA	RYLAND
	9a. FACILITY NAME (If not institution, give at	treet and number)		96. CIT	r, TOWN	OR LOCATION OF DE				NTY OF D	EATN
Œ	North Arendol Hospita	1 301 Hospit	al Drive	Gle	n Ruy	mie Marvl	and		Anne Arundel		
2	North Arundel Hospital, 301 Hospital Drive Glen Burnie, Maryland Anne Aru										
DIRECTOR	10a. STATE 10b. COUNTY	1	10c.	CITY, TOWN	OR LOCA	TION					10d. INSIDE CITY
<u>=</u>	MARYLAND ANNE ARUNDEL SEVERNA PARK								LIMITS?		
		E III(OIIDE		02.2-							1 YES 2 ND
4	10e. STREET AND NUMBER				10	1. ZIP CODE			10g. CITI	ZEN DF W	VHAT COUNTRY?
E	439 VINTONS LANE	•				21146				U.S	. A .
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVI	ER IN U.S. ARMED	13.		CENDENT OF NISPAN			or No-		— American Indian, c, White, atc.
	1 Never Married 2 X Married	FDRCES? 1 1 Y				ecify Cuban, Maxica 2 X NO Specifi		n, atc.)			Yes and the second
BY	3 Widowed 4 Divorced	IF TES, GIVE WAR O	H DATES		1 L YES	S 2 (A) NO Specify	/ :			Speci	
	15. DECEDENT'S EDU	CATION	16a. DECEDEN	710 1101111 0	00110171	011	404 1/10	ID OF BUI	INESS/INC		ACK
Ш	(Specify only highest grade		(Give kind	of work done	during m	ost of working	10D. KJP	AD OF BOS	INESS/INL	JUSTRY	
Щ	Elementary/Secondary (0-12)	Collega (1-4 or 5+)									
9			BUTLE	ER & C	CHAU	FFER	PRIV	ATE	FAMI	LY'S	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Midd	le, Maiden	Sumame)		
	WILLIAM WILSON					EMMA	HALL				
BE	19a. INFORMANT'S NAME (Type/Print)		10b MAII	INO AODRES	D /Dimet	and Number or Rural		City of Tour	D State 76	Codel	
5	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -										21146
	GRACE WILSON		439	VINTO	NS .	LANE SEVE	KNA P	ikk,	MARY	LAND	21146
	20a. METHOD OF DISPOSITION 1) Burlal 2 Cremation 3 Ram	ound from State	20b. PLACE OF DIS other place)	POSITION (N	ame of ce	metery, crematory or		20c. LO	CATION -	City or To	wn, Stata
	4 Donation 5 Other (Specify)	OVAII ITOITI STATA		COLINI N	TECK	CHURCH_C	EME	SEVE	RNA	PARK	, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	ASBURI			ND ADDRESS OF FA					
	1	11					021	L WES	1 21	· Al	NAPOLIS, MD.
	Larry D	Deese		TAT 3	TIT	AM REESE	& SONS	S MOF	THAR	V. P	. A .
	23. PART I. Enter the diseases, or										Approximate
	shock, or héart fallura.	List Dnly Dna Cause o	on each line.								intarval Between Onset and Death
	iMMEDIATE CAUSE (Final disease or condition		1. 6	1	- 1	orenum					Oliset and Death
	resulting in death)	8				myn	21				
		DUE TO (OR	AS A CONSEQUENC	E DF):							
z		b									
9	Sequentially list conditions, if any, leading to immediate		AS A CONSEDUENC	E DF):							
X	cause. Enter UNDERLYING										
H	CAUSE (Disease or injury that initiated events	DUE TO (DR	AS A CONSEQUENC	E OF):							
E	resulting in death) LAST										
CERTIFICATION		d									
	PART II. Other algnificant condition	na contributing to dea	th but not result!	ng in the u	nderlyir	ng cause given in	Part i. 24	a. WAS AN		24t	. WERE AUTOPSY FINDINGS
EDICAL								PERFOR	11		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ā							— l¹	YES 2	NO		OF DEATH?
M											1 YES 2 NO
÷											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. F	PLACE OF DEATH (C	neck only one)				
5	1 YES 2 NO	HOSPITAL:	Outpatient 3 DO	OTHE		no 5 🗆 Booldones	a 🗆 Oth (0				
₹	27. MANNER OF DEATN	28a. DATE OF INJU		TIME OF	7	me 5 Raaldenca				OUDEO	
F	1 Natural 8 Pending	(Month, Day, Y		INJURY	W	JURY AT ORK?	28d. DESCR	IBE HUW	INJUNT OU	COMED	
ВУ	2 Accident investigation			М	1 🗆	YES 2 NO					
	3 Suicida 8 Could not be	28e. PLACE OF IN- building, atc.	JURY — At home, fa	rm, atreet, ta	ctory, off	Ica				or Rural	Route Number,
E	4 Homicide detarmined	bunding, atc.	(Specny)				City or I	lown, State	,		
COMPLET	29a, CERTIFIER										
4	(Check only	ICIAN: To the best of my									
0	0700) 2 MEDICAL EXAMINI	ER: On the basis of axami	nation and/or investi	gation, in my	opinion,	death occured at the	time, deta an	d place, ar	nd due to t	the cause(a) and manner as stated.
	29b. SIGNATURE AND TITLE DF CERTIFIE	in .				29c, LICENSE NU	MRED	-	294 DA	TE SIGNE	D (Month, Day, Year)
BE	4000	Police	Mn			1)013	60		D	2/0	1 000
2	ytrert	Uwi E 1	1.(1)			1,010	0			1/2	0.170
-	30. NAME AND AODRESS OF PERSON WI				.al. 6	A	4446			1	
	Gerard Church, M.D.	, 8 Evergreen	Road, Seve	erna Pa	rk, N	maryland, 2	1140			1.4	T
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	.00	<u>-</u>				-		
		ALL A F. A.	AL PALLA CAGANG	الميالية							

4. H. J.

manager a stage of

BALTIMORE, MARYLAND 21203-3146

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1	1. DECEDENT'S NAME (First,	, Middle, Last)										OF DEATH		YEAR	3. TIME OF DEATN
	THER	RESA	MAR	IE	V	IELL	S				07		22	90	0500 M
	4. SOCIAL SECURITY NUME	-	5. SEX	6. AGE (In	yrs. last birth		UNDER 1			R 24 HRS.	7. DATE	OF BIRTN			NPLACE (State or Foreign
	577 20 314	0	1 🗆 M 2 📈 F	77	7 19	is. Mo	NTHS C	DAYS	HOURS	MIN.	Jun	e 14,	1913	Peni	nsylvania
	9a. FACILITY NAME (If not institution, give street and number)					98	b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					PEATH			
DIRECTOR	CALVERT MEMORIAL HOSPITAL						PRINCE FREDERICK CALVERT					RT			
ñ l	10a. STATE 10b. COUNTY				100	10c. CITY, TOWN OR LOCATION 10					10d. INSIDE CITY LIMITS?				
- E	Maryland	Calve	ert			St.	Leon	ar	d						1 TYES 2 X NO
A	10s. STREET AND NUMBER							101	. ZIP CO	DE			10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	Flag Harbor	Blvd.							206	85			Un:	ited	States
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U	I.S. ARMED		13. W	S DEC	ENDENT	OF NISPAI	NIC ORIGI	N? (Specify Yes Rican, etc.)	or No-	14. RAC	E — American Indian, k, White, etc.
BY F	1 Never Married 2 3 Widowed 4 Dive		IF YES, GIVE V							Specif		HICAN, SEC.)		Spec	elfy:
								107.10					- College Col		White
COMPLETED	(Specify onl	EDENT'S EDU y highest grade		1	(Give kin		done du		ON ist of work	sing	16	b. KIND OF BUS	SINESS/IN	DUSTRY	
2	Elementary/Secondary (6)-12)	College (1-4 or 5								177	C Co			
M	17. FATHER'S NAME (First, M	licicito Last)		Į IV	lap Ma	iker		_	18 MC	THER'S NA		.S. GO		nent	
	Richard Gutn								1				Sorriamej		
BE	19a. INFORMANT'S NAME (19b. MA	LING AD	ORESS (Street (rrell nber, City or Tow	n. State. Zi	in Code)	
2	Jan Gott	,,,,													and 20678
	20a, METHOD OF DISPOSIT	ION		20b. P	PLACE OF D						e rr		_		own, Sista
	1 N Buriel 2 Crematic 4 Donation 5 Other		oval from State	0	ther place) e of		ven	Cei	mete	ry					ng, Maryland
	21. SIGNATURE OF FUNERA	SERVICE LIC	ENSEE							ESS OF FA		mo 111	05 B	room	es Isl. Rd.
	DF	Sau	wal									ryland			es isi. ku.
	23. PART I. Enter the d		complications the			Do not	enter th	he mo	de of d	ying, auc	h as car	rdiac or reap	iratory a	rrest,	Approximate Interval Between
	IMMEDIATE CAUSE (FI		List Only One Car	ase on eac			_/			_	0				Onset and Death
	disease or condition resulting in death)	\rightarrow	. Clu	LAM	-	a	u	11	DV	[C	u	all	(
- 1			DUE TO	(OR AS A C	ONSEGUEN	CE OF):	0		1	1		ali			
Z	Sequentially list condit	lons	(and	100			lar	-6	N	XI	Md	·			
Ĕ	if any, leading to imme	diate	DUE TO	(OR AS A C	ONSEQUEN	CE OF):									
CERTIFICATION	CAUSE (Disease or inju		C. DHE TO	(OR AS A C	ONSEQUEN	CE OE		_							-
ĒΙ	that initiated events resulting in death) LAS	T	502 10	(on As A C	ONSEGUEN	OL OI J.									j
ë			d												
	PART II. Other significa	nnt condition	na contributing to	death but	not result	ting in t	the und	erfyin	g cause	given in	Part I.	24a. WAS AN		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL												1 VES 2			COMPLETION OF CAUSE OF DEATH?
															1 YES 2 NO
_														Ì	
¥	25. WAS CASE REFERRED 1	O MEDICAL						26. P	LACE OF	DEATH (C/	heck only o	one)			
Sic	EXAMINER? 1 YES 2 NO		HOSPITAL: 1 inpatient 2	☐ ER/Output	ient 3 🗆 D		THER:		ne 5 🗆 1	Residence	6 🗆 Oth	er (Specify)			
PHYSICIAN:	27. MANNER OF DEATH		26a. DATE Of	F INJURY Day, Year)	28	TIME C	OF 2	Bc. IN.	JURY AT		28d. DI	SCRIBE NOW	INJURY O	CCURED	
BY	1 Natural 5 2 Accident	Pending Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			М		YES 2	□ NO					
_	3 Sulcide 6	Could not be	28e. PLACE (OF INJURY -		arm, stre	et, factor	y, offic	DB			CATION (Street y or Town, State)		er or Aural	Route Number,
	4 Homicide	determined													
7	29a. CERTIFIER (Check only	TIFYING PHYS	ICIAN: To the best o	f my knowled	dge, death o	ccurred	et the tim	ie, date	and place	ce, and du	n lo lhe c	suse(a) and ma	nner ea at	ated.	
COMPLETED	anal .	CAL EXAMINE	R: On the basis of	examination a	and/or inves	tigation,	in my opi	Inion,	death occ	ured at the	time, da	te and place, ar	nd due to	the cause	(a) and manner as stated.
E C	29b. SIGNATURE AND TITY	е оудсентине	" 1	_					29c. LI	CENSE NU	MBER	_	29d. DA	TE SIGNE	D (Month, Day, Year)
0	(SMA nd	// -	1/ /m	~	-				D	127	109	2	▶.		
2	30. NAME AND ADDRESS	F PERSON WH	CONTENED CAL	ISE OF DEAT	TH (ITEM 27)	(Type, Pr	rint)								
	EMAD AL-B	ANNA.	M.D.			PRI	NCE	FRI	EDER	ICK.	MAR	YLAND			
	31. DATE FILED (Month, Day,	Year)	32 REGISTR	AR'Ş ŞIGNAT	Pande	22	- 1 S/ E/	- 13	- V 61\	-0110	11/11/	LAND			
		3 1 199	U James P	The Labour .											

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FOR STATE REGISTRAR	STATE 0	F MARYLAND / DEPARTMENT OF CERTIFICATE O		
DECEDENT'S NAME (First, M	iddle, Last)		2. DATE OF DEATH	44
Calvin	Delano	Whittington Sr.	MONTH 0	
	4 ATM	La sacial de sacrat de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya d		

ľ	1 - STATE REGISTRAR	J J	C			F DEATH		REG. NO.	•		
	1. DECEDENT'S NAME (First, Middle, La.	et) ,					2. DATE C	F DEATH			. TIME OF DEATH
	Calvin D	elano	Whitt	ingto	on Sr.		MONTH	1- Ž	2-	90	10:38 Am
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE YA yrs. A	/	IF UNDER 1 YEA	-	7. DATE O			6. BIRTHP	LACE (State or Foreign
	214-30-6383	M 2 □ F	56	YRS.	MONTHS DAY	B HOURS MIN.		Day, Year) 5 - 3 3		Country)	Tan d
		FACILITY NAME (If not institution, give etreet end number)			9b. CITY, TOW	N OR LOCATION OF DE		2-33		TY OF OE	land
TOR	Anne Arundel Medical Co			r		polis			Anne	e Ar	undel
FUNERAL DIRECTOR	10e. STATE 10b. COU	e Arunde	1		, TOWN OR LO						od, INSIDE CITY LIMITS?
9	MD 10e, STREET AND NUMBER	C III diide		771111	aport	10f. ZIP CODE		_			□ YES X X NO
ERAI	225 Dewey Dr	ive				21401	USA			ZEN OF WHAT COUNTRY?	
B⊀	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed ** Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES K	S XXNO If yes, specify Cuban, Mexico			en, Puerto Ricen, etc.)				- American Indian, White, etc. White
	15, DECEDENT'S E				USUAL OCCUP		18b.	KIND OF BUS	INESS/IND	USTRY	
COMPLETED	(Specify only highest gi	College (1-4 or 5	+)	le. Do NOT us	ork done duning e retired.) Drive	most of working	Oi	1 Bus	sine	SS	
8	17. FATHER'S NAME (First, Middle, Lest)					16. MOTHER'S NA	AME (First, M	iddle, Melden	Surname)		
BE C	Clarence Whi	ttington				Pearl					
0	19a. INFORMANT'S NAME (Type/Print) Mary Serfass		1			ey Road,					872
	20e. METHOD OF DISPOSITION		20b. PLAC	E OF DISPOS	SITION (Neme o	cemetery, crematory or		20c. LO	CATION	City or Tow	n, State
	1 Buriel 2 Cremetion 3 R	emoval from State	HiI.	lcres	t Cen	etery		Ann	apol	lis,	AD D
	21. SIGNATURE OF FUNERAL SERVICE	ucessed /			22. NAM	and address of FA	CILITY				
	Dr. KaHJI	146									s, MD 2140
	23. PART I. Enter the diseases, ahock, or heert fellu IMMEDIATE CAUSE (Finel										Approximate interval Between Onaet and Death
	resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE TO	O (OR AS A CONS	EOUENCE OF	P):	/NFM	AL.)/			ZUKS
MEDICAL (PART II. Other aignificent condi	tiona contributing to	death but no	t resulting	in the under	ying ceuse given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
											1 NES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:				B. PLACE OF DEATH (C	heck only on	9)			
SIC	1 Nes 2 No	1 Inpatient 2	☐ ER/Outpatient	3 🗆 DOA	OTHER:	Home 5 - Reeldence	6 🗆 Other	(Specify)			
Y PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigati		F INJURY Day, Year)	28b. TIM	IURY	INJURY AT WORK?	26d. DE\$	CRIBE HOW I	NJURY OC	CURED	
TED BY	2 Accident arrestigation 3 Suicide 6 Could not 4 Homicide determine	be 26s. PLACE building	OF INJURY — At i, etc. (Specify)	home, farm,	street, factory,	office	261. LOCA City o	ATION (Street or Town, State)	end Numbe	r or Rural Ro	oute Number,
COMPLETED	CHOCK OTHY	HYSICIAN: To the best of									and manner ee stated.
BE	29b, SIGNATURE AND TITLE OF CENT	PIER	MD			29c. LICENSE NU	JMBER		29d, DAT	TE SIGNED	Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON	ALT SC	USE OF DEATH (I	TEM 27) (Type	275	WEST	- 57	- /	Ann	. /	MD
	31. DATE FILED (Month, Day, Ver) 2	1990 Jul	AR'S SIGNATURE	-19-1	LIE	-11					

who have the state of the

FOR

JUL 2 4

1 - FOR STATE REGISTRAR	STATE OF MARYL			F HEALTH AND	MENTAL HYGIEN			
1. DECEOENT'S NAME (First, Middle, Last) MARGERY	C. WY.	ATT			2. DATE OF DEATH	90	3. TIME OF DEATH 6:35 A	
	./		NTHS DA		7. DATE OF BIRTH (Month, Day, Year)	8. Bit	olorado	
9a. FACILITY NAME (If not institution, give atreet	t and number) Ce	nter '	b. CITY, TO	WN OR LOCATION OF D		9c. COUNTY O		
Pleasant Living	Convales	cent	E	dgewater	r	Anne	Arundel	
10a. STATE 10b. COUNTY			OWN OR LI	OCATION			10d. INSIDE CITY	
Maryland Anne	Arundel	An	napo			1 X YES 2 NO		
10s. STREET AND NUMBER				10f. ZIP CODE			F WHAT COUNTRY?	
7 Franklin Stre	et 2. Was decedent ever II		1	2140		U.S		
1 MARTIAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 XNO	If yes	s, specify Cuben, Mexic YES 2 NO Speci		fee or No— 14. RACE — American Indian, Black, White, atc. Specify: White		
15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondery (0-12)	(ION inpleted) College (1-4 or 6+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use r	k done durin	PATION g most of working	16b. KIND OF BU	SINESS/INDUSTR	Y	
	5 +	Social	Wor		State		rginia	
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	AME (First, Middle, Melden	Surname)		
Robert Collier					ce Light			
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow			
Edward Malcolm					, Annapo			
20a. METHOD OF DISPOSITION 1 Durial 2 Coremation 3 Remova	from Stele	other place)		of cemetery, cremetory or		CATION — City o		
# 12 Constion & C Other (Specify)		etropoli		Cremator E AND ADDRESS OF F		exandr	ia, VA	
Thalal &	Lu K		Tay	lor Fune	eral Chap ster St.,	Annapo	lis,MD 214	
23. PART I. Enter the disease, or con shock, or heert fellure. Lie IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	t only one couse on e	ech ilne.	1	,	ch ea cerdlec or reap	iratory arreat,	Approximeta Interval Betwee Onset end Deal	
Sequentially list conditions, if eny, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in deeth) LAST		CONSEQUENCE OF):	er	0915				
PART II. Other algnificant conditions of	contributing to death t	ut not resulting in	the under	lying ceuse given in	Part I. 24a, WAS AF PERFO 1 YES	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NMO	
							1 [] 160 2 [[pai0	
25. WAS CASE REFERRED TO MEDICAL				6. PLACE OF DEATH (C	theck only one)			
	OSPITAL: Inpetient 2 ER/Out		THER	Home 5 Residence	6 Other (Specify)		,	
27. MANNER OF DEATH 1 Netural 8 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 280	: INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUREO		
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Spe				281. LOCATION (Street City or Town, State	end Number or Ru)	nber or Rural Route Number,	
Torroom orny	N: To the best of my know						se(s) and manner as stated.	
296. SIGNATURE AND TITLE OF CENTRER	Lann 19	71>		29c. LICENSE NU	JMBER		NED Paper, Confront	

Mary Mary Mary 1881 1-10 1111

ermit. Pages 1, 2,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centricate be executed within 24 Thours after of real-mong physician. TO THE FUNERAL DIRECTOR: After this certificate bas been signed by the stranding physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Degr. of Health and Mental Hygiene prior to burial, comation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, New) 32. REGISTRAR'S SIGNATURE JUL 25 1990 Julia Savidan Andreas

	FOR STATE RECOTRAR	STATE OF MA			TMENT OF			MENT	AL HYGIENI REG. NO.	E			
	1. PASSINT'S NAME (First Michella / set)	b		6				2. DAT	E-OE SEATH			3. TIME OF PEATH	
	George Vernon	Wayson						Mos	7-24-9	0	#AR	1/43/A M	
	4 SUCIAL SECTION A PROPERTY	5. SEX 6.	AGE (In you lage)	birthday)	IF UNDER 1 YEAR	IF UNDE	1 24 HRS.	7. DAT	E OF BIRTH			IPLACE (State or Foreign	
	213-16-1064	M 2 □ F	68	YRS.	MONTHS DAYS	HOURS	MIN.		nth, Day, Year) -29-22		Countr	vland	
1	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, TOWN	OR LOCATI	ON OF DE		2, 22	9c. COUNT			
DIRECTOR	Anne Arundel M	Medical (Center		Annap	olis				Anı	ne	Arundel	
m l	10s. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWH OR LOC	ATION						10d. INSIDE CITY LIMITS?	
5	MD Anne	Arundol		Lo	thian							1 TES 1 NO	
AL	10e. STREET AND NUMBER				- 1	of. ZIP COD	E			10g. CITIZE	N OF V	WHAT COUNTRY?	
BY FUNERAL	5214 Greenock	Drive				2071	1			USA			
5	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARA	MED					GIN? (Specify Yes to Ricen, atc.)	or No- 1		E American Indian, k, White, etc.	
7	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IN IF YES, GIVE WAR	OR DATES			S XXNO			o mount, eron		Speci	fly:	
		I WWI				200				1		White	
12	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Gh	ve kind of	WORL OCCUPATION WORK done during representation of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the co	TION nost of work	ing	1	6b. KIND OF BUS	INESS/INDUS	STRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5+)			ership				1701100	n 7 m.			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		T a.	- CIII	ersurb	18 1400	HED'S NA	ME (Ele	t, Middle, Maiden		use	ements	
	Morgan Wayson					300		20.	Welch	Surname)			
BE	19e. INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRESS (Stree					State Zin C	(alpo		
5	Agnes E. Wayso	on			4 Gree							20711	
	20a. METHOD OF DISPOSITION 1 1 Burial 2 Cremation 3 Rem	noval from Stata	other pla	ice)	SITION (Name of o					CATION — CI	ty or To	own, State	
	4 Donation 5 Other (Specify)		Chri	st (Church 22. NAME	Cem	eter	cy.	We	st R	iv	er MD	
	21. SIGNATURE DE REMERAL SERVICE LE	CENSEE										•	
	Dall 4	arnold s	h						ral Ho				
	23. PART I. Enter the discusses, or	complications that a											
- 1					not enter the n	node of di	ing, auc	h aa c	erdiac or respi	ratory arrei	nt,	Approximate	
	shock, or heart failure.	List only one cause	on each line.								nt,	Approximate interval Between Onset and Death	
	shock, or heart failure.	List only one cause	on each line.								∎t,	interval Between	
	shock, or heart failure.	List only one cause	on each line.								nt,	interval Between	
N	shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)		on each line.								nt,	interval Between	
TION	shock, or heart failure. IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate	a	on each line.	A A	ly Ln						et,	interval Between	
ICATION	shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. DUE TO (O	O ON EECH IIIO	A ABUENCE O	lg Ln on:						et,	interval Between	
TIFICATION	shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (O	ON each line.	A ABUENCE O	lg Ln on:							interval Between	
ERTIFICATION	shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. DUE TO (O	O ON EECH IIIO	A ABUENCE O	lg Ln ph:						mt,	interval Between	
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E COMPLETED BY PHYSICIAN: MEDICAL	shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	BICIAN: To the basia of axaies	e on eech line. 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value of the

31. DATE FILED (Month, Day, Year)

JUL 2.7 '90 '90

1 - 3	FOR STATE	STATE OF MARYL						90 2184
	REGISTRAR CEDENT'S NAME (First, Middle, Last)		CERTIF	ICATE OF	DEATH	REG. NO),	3. TIME OF DEATH
1.00	Docath, mount cash	1. Manth	Doroth	v Donic	e Wolcoti	MONTH A	五月	EAR 3. TIME OF BEATH
1 000	OCIAL SECURITY NUMBER	5. SEX 6. AGE (I	n yrs. last birthday)	-				012-11
1.50	55:09:3940	1 M 2 KF	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	EC	Country) State or Foreign
	PACILITY NAME (If not institution, give so olden Caks residence of decedent	159 Home		Laure	OR LOCATION OF D	EATH		or of obath ce George 5
	STATE 10b. COUNTY	10 GENTOO		y, TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
	STREET AND NUMBER	a goige	J W		01. ZIP CODE		T 40a CITIZE	N OF WHAT COUNTRY?
FUNERAL STORY	DI Cherry L	ane			20708	3	10g. CITIZE	US
	Never Married 2 Merried Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, t		NIC ORIGIN? (Specify Yeen, Puerto Ricen, etc.) fy:	e or No—	Black, White, etc. Specify:
	15. DECEDENT'S EDU	OATION I						Wilke
COMPLETED	(Specify only highest grade	completed) College (1-4 or 6+)	16e. DECEDENT'S (Give kind of life. Do NOT u	work done during r se retired.)	nost of working	16b. KIND OF BU	JSINESS/INDUS	STRY
<u>a</u>	unknown	unknown	Homem	aker		Home		
O 17. FA	ATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Middle, Meider	n Sumame)	
₩i.	lliam Edgar De	nise			Nell No	Lean White	3	
190 1	INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Stree		Route Number, City or To		ode)
P Hai	ncy A. Ackley	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s						
4 🗆	METHOD OF DISPOSITION Burlal 2 Cremation 3 Rem Donation 6 Other (Specify)	oval from State	other place)	rview C	emetery, cremetory or EMETERY AND ADDRESS OF FA	Mic	idleto	
	Talest	Maplefor	CV	7501	Sandy Sp	ring Rd. L	_aurel,	
iMM dise	PART I. Enter the diseases, or shock, or heart feliure. REDIATE CAUSE (Final lesse or condition witting in death)	Complications that caused List only one cause on ea	the death. Do sch line.		ode of dying, su	ch as cardiac or resp	oiratory srree	Approximate interval Betwee Onset and Dear
CAU CAU	quentially list conditions, ny, leading to immediate se. Enter UNDERLYING JSE (Disease or Injury t initiated events ulting in death) LAST	с	CONSEQUENCE C					
	RT II. Other significant condition	e contributing to death b	ut not resulting	In the underly	ng cause given ir		N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Z Z	MAS CASE REFERRED TO MEDICAL			26	BI ACE OF DEATH /C	back only onel		
SICI	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp	etient 3 🗆 DOA	OTHER:	PLACE OF DEATH (C	6 Other (Specify)		
	Natural 6 Pending	26e. DATE OF INJURY (Month, Day, Year)	28b. TII	JURY	NJURY AT YORK? YES 2 NO	26d. DESCRIBE HOW	INJURY OCCU	RED
G 3	Accident Investigation Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec		street, fectory, of	lice	261. LOCATION (Stree City or Town, State		r Rural Route Number,
<u>a</u>	(Critical Critis)	ICIAN: To the best of my know ER: On the basic of examination						f. cause(s) and menner as stated.
BE CO	SIGNATURE AND TITLE OF CERTIFIE	1	1D		29c. LICENSE NU	JMBER	29d. DATE	SIGNED (Month, Day, Year) - 22 - 90

DHMH-16 Rev 1/89

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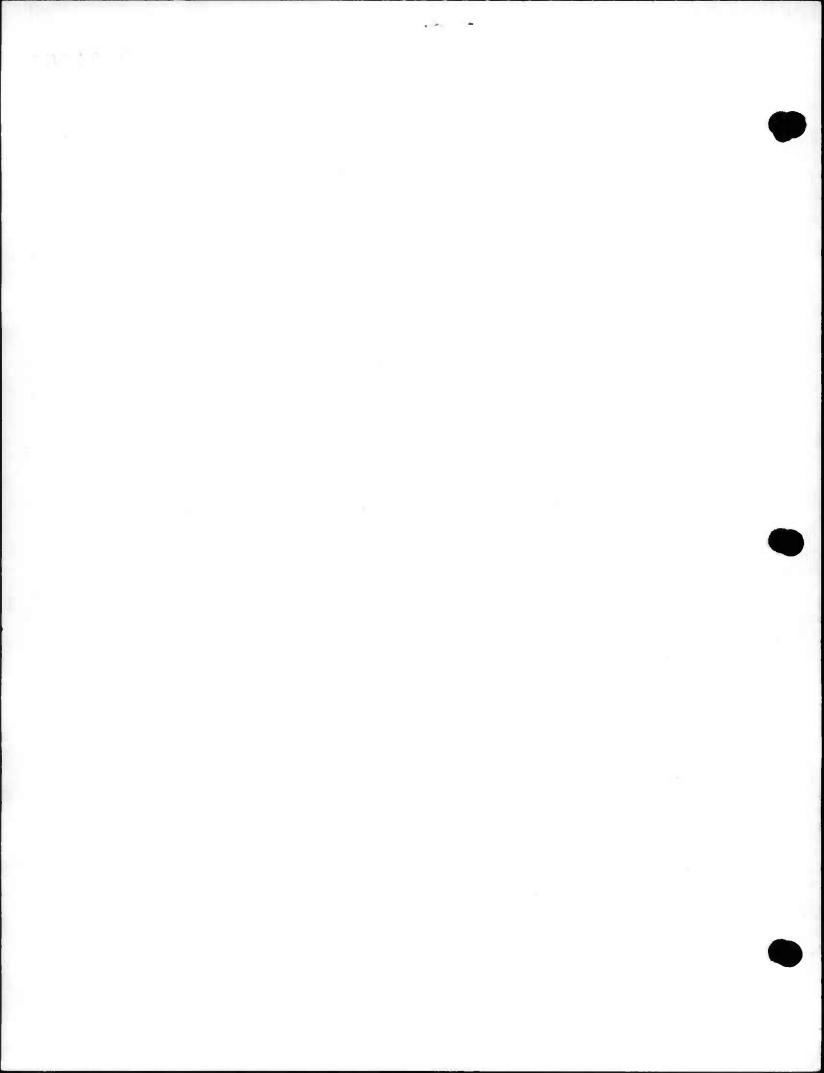
TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
-	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

REGISTRAR		CERTI	FICATE (OF DEATH	REG. NO				
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATN MONTH D	AY YEAR	3. TIME OF OEATN		
Herman		Wrig	ht		7 2		6:22 P. M		
4. SOCIAL SECURITY NUMBER 212-03-4295	F	AGE (In yrs. lest birthday 78 YRS.		EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year) 2-10-1912	Coun			
9a. FACILITY NAME (If not institution, give			9b. CITY, TO	WN OR LOCATION OF O		9c. COUNTY OF			
Francis Scott Kernesidence of Decedent 10a STATE 10b COUNT Md. Wicon	y Medical C	enter	Ba	ltimore		/ Bal	timore		
10a. STATE 10b. COUNT	гү	10c. C	ITY, TOWN OR I	OCATION			10d. INSIDE CITY LIMITS?		
Md. Wicon	nico	M	ardela	Springs			1X YES 2 NO		
Box 146 Main Str	reet			101. ZIP CODE 21837		10g. CITIZEN OF	WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	1 Never Married 2 Married FORCES? 1 IF YES, GIVE WAR			DECENDENT OF NISPA re, specify Cuben, Mexico YES 2 NO Specif	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) y:	Ble	CE — American Indian, ck, White, etc. cc/ly: White		
15. DECEDENT'S ED	15. DECEDENT'S EDUCATION			PATION	16b. KIND OF BU	SINESS/INDUSTRY			
15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12) 11 17. FATNER'S NAME (First, Middle, Last)			r work done duri use retired.) anic	ng most of working	Trail	ses			
17. FATNER'S NAME (First, Middle, Lest)				16. MOTNER'S NA	AME (First, Middle, Malden				
					Wilson Wr				
19a INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRESS (S		Route Number, City or Tox				
Virginia E. Wrigh	nt				lela Spring		21837		
20g, METHOD OF DISPOSITION	20b. PLACE OF DISP	bb. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION City or Town, State							
1 X Buriel 2 Cremetion 3 Read 4 Donation 5 Other (Specify)	moval from State	other place)		1 Cemetery	Marc	dela Spr	ings, Md.		
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE /			ME ANO ADDRESS OF FA			0 -		
Mui.00.	us 10	+/	Sho	rt Funeral	Home, Inc	2.			
23. PART I. Enter the diseases, or	WI. AM	MA			Delmar, De		Approximate		
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Ruptured	Atherosc		neurysm	Onset and Death				
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST									
CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE							
	d								
PART II. Other algorificent condition	ona contributing to de	ath but not regultin	ut not resulting in the underlying ceuse given in			N AUTOPSY 24 PRMED? 2 NO	46. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 V YES 2 NO		
3			-		_		Α		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 MS Neture 5 Pending				26. PLACE OF DEATH (C	heck only one)				
EXAMINER?	HOSPITAL:	I/Outpatient 3 🗆 DOA	OTHER:	g Home 5 🗆 Rasidence	5 Other (Specify)				
27. MANNER OF DEATH	28a. DATE OF INJ	URY 28b. 1		Bc. INJURY AT	28d. OEŞCRIBE HOW	INJURY OCCURED			
Television of the second	(Month, Day,	1000		WORK? 1 YES 2 NO					
	28e, PLACE OF IN	IJURY — At home, farr (Specify)	n, street, factor	r, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
(Crieck only	SICIAN: To the best of my						e(a) and manner as stated.		
	IER /			29c. LICENSE NO	IMBER	29d. DATE SIGN	ED (Month, Day, Year)		
The Miller of	eyor			OC	ME	▶ 7-2	2-90		
20. NAME AND ADDRESS OF PERSON V Margarita A. K					, Balto.,		-		
31. DATE FILEO (Month, Days had				1 10111 001	, 201100.7				
JUL 2 3 90	Julia Dav	SIGNATURE	2						





-	2
BALTIMORE, MARYLAND 21203-3146	ING PHYSICIAN: The law requires that the death certificate be executed within 2x nouns after death. Page 6 may be retained by the hospital or attending physician. When the completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, and the state Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal. The property be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within 24 hours after death. Page 6 may be retained by the hos TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CE	RTIFICAT	TE OF	DEATH	R	EG. NO.			
1. DECEDENT'S NAME (Fin	ГА	LOUISE		WARE			2. DATE OF E	14, 1990	4 -	3. TIME OF DEATH 4:30 a M	
4. SOCIAL SECURITY NUM 221-34-4804	+	1 🗆 M 2 🕁 F	AGE (In yrs. lest I	YRS. MONTH		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, De) SEPT.9	, Year)	8. BIRTHPLACE (State or Foreig Country) DELAWARE		
90. FACILITY NAME (# not 1011 FAIR) RESIDENCE OF DE	GROUND			9b. C		SBURY	EATH	9c. CO	WICC	OMICO	
10a. STATE MARYLAND	106. COUNTY	COMICO			TY, TOWN OR LOCATION SALISBURY					10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
100. STREET AND NUMBE 1011 FAIR		DRIVE		101. ZIP CODE 2 1 8 0 1						JSA	
3 Wildowed 4 X Ol	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Olvorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			2 X NO If yes, specify Cuban, Maxican,					14. RAC Blac Spec	E — American Indian, k, White, atc. ://y: WHITE	
(Specify o	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)			EDENT'S USUAL is kind of work do: NOT use retired NON	ne during m d.)	ON ost of working	16b. KIN	D OF BUSINESS/IN			
17. FATHER'S NAME (First,	Middle Lest	NO		NON	L	18 MOTHER'S N	ME /First Middle	, Maiden Surname)	ù		
						ROSETT		T.	GIBE	BONS	
100 INFORMANT'S NAME				MAILING ADDR	ESS (Street	and Number or Rural		City or Town, State, 2	(ip Code)		
JOHN WASST	FATHER	2	3:	27 N. B	EDFO	RD STREE	T, GEOF	RGETOWN,	DEL.	19947	
20a. METHOD OF DISPOS 1XX Burial 2 Crement 4 Donation 6 Oth						RY 20c. LOCATION — City or Town, State GEORGETOWN, DEL					
21. SIGNATURE OF PURE	21. SIGNATURE OF PURE RAL HOME, PA 22. NAME AND ADDRESS OF FACILITY HOLLOWAY FUNERAL HOME, PA 501 SNOW HILL RD, SALISBURY, MD 218 23. PART I. Enter the diseases, or complications that outset the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Appr										
Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury									Onset and Death	
PART II. Other algorific	eant condition	O.	eath but not re	aulting in the	underlyir	ng cause given	Part I. 24	24a. WAS AN AUTOPSY PERFORMED?		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
	11	perten	Searc				1 TYES 2 PM			OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED	TO MEDICAL				26. F	LACE OF OEATH (C	heck only one)				
1 VES 2 NO		HOSPITAL:	ER/Outpatient 3	DOA 4 1		me 5 🖪 Residence	6 Other (Sp	pecify)			
25. WAS CASE REFERRED EXAMPLE 2 \(\text{NO} \) VES 2 \(\text{NO} \) NO 27. MANNER OF DEATH 1 \(\text{Notural} \) Notural 2 \(\text{Accident} \)	Pending investigation	28a. DATE OF IN (Month, Day)	NJURY ; Year)	28b. TIME OF INJURY	W	JURY AT ORK? YES 2 NO	28d, DESCRI	BE HOW INJURY O	CCURED		
	Could not be detarmined	28e. PLACE OF building, et	INJURY — At hom ic. (Specify)	ne, farm, #treet,	factory, offi	ca		N (Street and Numb wn, State)	per or Rural	Ploute Number,	
enel one		ICIAN: To the best of m								(s) and menner as stated.	
206. SIGNATURE AND TI	enito	J. /	han	MA		29c. LICENSE NU	0050	29d. Ci	T/	8/90	
BENITE	0	O COMPLETED CAUSE	OF DEATH (ITEM	27) (Type, Print)	54%	-D K	Pi yeus	ale &	2.	Selety Ho	
JUL 23 9	JUL 2 3 90 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2 3 100 July 2										

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIF	ICATE OF	DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Lest) JOANNA K.	Wall	aca			1990 YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 8. 2 14-288-839a 1 □ M 2 ☑ F	AGE (In yrs. lest birthday) 57 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH		HPLACE (State or Foreign		
TOR	9a. FACILITY NAME (# not institution, give street and number) Peninsula General Hospital RESIDENCE OF DECEDENT		Salist	ury	ATH	9c. COUNTY OF Wicon			
DIRECTOR	10s. STATE 10b. COUNTY WICOMICO	10c. CIT	y, town or locat Salis			10d. INSIDE CITY LIMITS? 1 Tes 2 1 NO			
FUNERAL	1812 Hanton Ave.		101	21801		U.S.A.			
BY	11. MARITAL STATUS 1 Never Married 2 Married 2 Nidowed 4 Divorced 12. Widowed 4 Divorced 12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 ☐ YES 22 10 Specify: 14. RACE — American in Bleck, White, etc. Specify: Bla.						
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. OECEDENT'S (Give kind of t	USUAL OCCUPATION Work done during mose retired.)	N st of working	16b. KIND OF BU	SINESS/INDUSTRY			
COMPLETED	Elementery/Secondary (0-12) College (1-4 or 5+)		ood Wor						
3	17. FATHER'S NAME (First, Middle, Lest)	C			ME (First, Middle, Maiden				
BE	Lawrence M. Handy,		4000500 (0		P. Wainv				
2	Gregory F. Wallace	196. MAILING			e., Salis	sbury, M			
	20a. METHOD OF DISPOSITION Surial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE OF DISPOSE Of Place) Spring	SITION (Name of cer hill Men	netery, crematory or n. Garde	ns Cem. F	debron,	Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	100417	Mes:	o address of fac sick Fun	eral Home	, P.O.			
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
DICAL	PART II. Other algorificent conditions contributing to de		in the underlyin	g cause given in	Part I. 24a. WAS AP PERFO 1 YES	RMED?	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL		26. P	ACE OF DEATH (Ch	ack poly one)				
SIC	EXAMINER? HOSPITAL:	R/Outpatient 3 🗆 DOA	OTHER:	e 5 🗆 Residence					
PHYSICIAN: ME	27. MANNER OF DEATH 1 National 5 Pending 28a. DATE OF IN. (Month, Dey.		E OF 28c. IN.	URY AT	28d. DESCRIBE HOW	INJURY OCCURED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 289. PLACE OF II building, etc.	NJURY — At home, farm, . (Specify)	street, factory, offic		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my one) 2 MEDICAL EXAMINER: On the basis of axam						e(s) and menner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUN	IBER	29d. DATE SIGNI	ED (Month, Day, Year)		
3 BE	Weller on Pelle	MI		Doz	119	> 7-1	3-90		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACT	, Dr.		wers	8, Salis	sbury	Md 01801		
3	31. DATE FILED (Month, Day, Year) 90 32. REGISTINATES	Signature Laurdson-Ran	dell			4	/		

. 4

CIVISION OF VIEW PECCEDS, T.O. CON 1914,
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR							DEATH		REG. NO			
1. DECEDENT'S NAME (First, Midd	die, Last)								E OF DEATH		3.	TIME OF DEATH
Letha F.	Whay!	Land						7		2	90	3;10 A
4. SOCIAL SECURITY NUMBER	5. \$. AGE (In yrs. I	est birthday)	# UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE	E OF BIRTH		. BIRTHPL	ACE (State or Foreign
214-10-6319	1	M 2 K F	75	YRS.	MONTHS	DAYS	HOURS MIN.		8, 19	14	Salis	sbury, MD
9a. FACILITY NAME (If not instituti	on, give street a	nd number)			9b. CITY,	TOWN C	OR LOCATION OF	A			TY OF DEAT	
SALISBURY NURSING HOME SALISBURY, MD. WICOMICO)	
	COUNTY				Y, TOWN O						10	d. INSIDE CITY LIMITS?
	Vicomi	mico			4 Riv		ide Apts	s. Sa	lisbur			YES 2 NO
	100. STREET AND NUMBER 1514 Riverside Drive					101	21801		10g. CITIZ			T COUNTRY?
11. MARITAL STATUS	12.	WAS DECEDENT		RMED 13. WAS DECENDENT OF HISPANIC ORI					IN? (Specify Yes		4. BACE —	American Indian,
1 Never Merried 2 Merr 3 X Widowed 4 Divorced		FORCES? 1 T		NO If yes, specify Cuban, Max 1 TYES 2 NO Spe			exicen, Puerto Ricen, etc.)			Specify:	Specify: White	
15. DECEDENT'S EDUCATION 16a. D			ECEDENT'S				16	b. KIND OF BU	SINESS/INDL	STRY		
(Specify only highest grade completed) (C Elementary/Secondary (0-12) College (1-4 or 6 +)				fe. Do NOT u	work done d se retired.)	luring ma	est of working					
11 Sitter							1	Nursing	Home			
17. FATHER'S NAME (First, Middle,	Last)						18. MOTHER'S N	AME (First,	Middle, Maiden	Sumame)		
Thomas Figgs Tillie Sullivan Figgs												
19a. INFORMANT'S NAME (Types/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
Margaret Ammons 1020 Fairground Dr. Sal								Sali	Lsbury,	MD 2	1801	
20a. METHOD OF DISPOSITION 1 TRanslated 2 Cremation 3	□ Bemount t	mm State	20b. PLAC	E OF DISPO	SITION (Nar	ne of cer	metery, crematory or		20c. LO	CATION — C	ity or Town	State
4 Donation 5 Other (Spe		TOM State	Spri	nghil	1 Men	ory	Gardens	S	Heb	ron,	Mary1	land
21. SIGNATURE OF FUNERAL SE	RVICE LICENSE	E 11	,				ND ADDRESS OF F					
All thou	M	11/2	TI				Funera.			DE 1	00/0	
23. PART I. Enter the disease	BAS. OF COMO	lications that	caused the	faath Do i			Box 20		Delmar,			Approximate
shock, or heart failure. List only one cause on each line.										Interval Batwee		
IMMEDIATE CAUSE (Final disease or condition												
disease or condition resulting in death) a. Melantul Grant Concer Due TO (OR AS A CONSEQUENCE OF):												
DUE 10 (OH AS A CONSECUENCE OF):												
Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):												
If sny, leading to immediate cause. Enter UNDERLYING			C 111	_	. ,.							İ
CAUSE (Disesse or Injury that initiated events	1	DUE TO (C	OR AS A CONS	EOUENCE O	F):							+
resulting in death) LAST												
	d											
PART II. Other significant of	onditiona co	ntributing to d	eath but not	resulting	In the un	dariyin	g cause given i	n Part I.	24a. WAS AN			ERE AUTOPSY FINDING
									1 TYES		CI	OMPLETION OF CAUSE F DEATH?
												YES 2 NO
											1	
25. WAS CASE REFERRED TO ME	DICAL					26. P	LACE OF DEATH (C	Check only	one)		_	
EXAMINER?		SPITAL:	ER/Outpatient	3 DOA	OTHER		na 8 🗆 Rasidence	B C Ott	her (Specify)			
27. MANNER OF DEATH		28a. DATE OF II	NJURY	26b. TIN	E OF	28c. IN.	JURY AT	_	ESCRIBE HOW	INJURY OCC	URED	
1 Natural 6 Pend	fing stigation	(Month, Day	(Year)	IN.	JURY		YES 2 NO					
2 Accident Invest 3 Suicide 5 Coul 4 Homicide dete	INJURY — At It. (Specify)	home, farm,	street, facto	ory, offic	0		LOCATION (Street and Number or Rural Route Number, City or Town, State)					
ADD CERTIFIED												
onel -							and place, and de					
one) 2 MEDICAL	EXAMINER: On	the basis of exa	mination and/o	r Investigati	on, in my o	pinion, d	death occured at th	na time, da	ta and place, a	nd due to the	cause(a) a	nd manner as stated.
	centimed						29c. LICENSE N	IMRED		204 DATE	BIGNED /I/	lorith, Day, Year)
29b. SIGNATURE AND HILL OF	Control (Control						TACK FLORINGE IN	DIMIDEL	-	290, DATE	OLCHAED LIM	Orieri, Day, roar)
29b. SIGNATURE AND ITTLE OF	Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of th						TAC ELOPINOP IA	774		290. DATE	SIGNED IN	Orner, Day, rour,

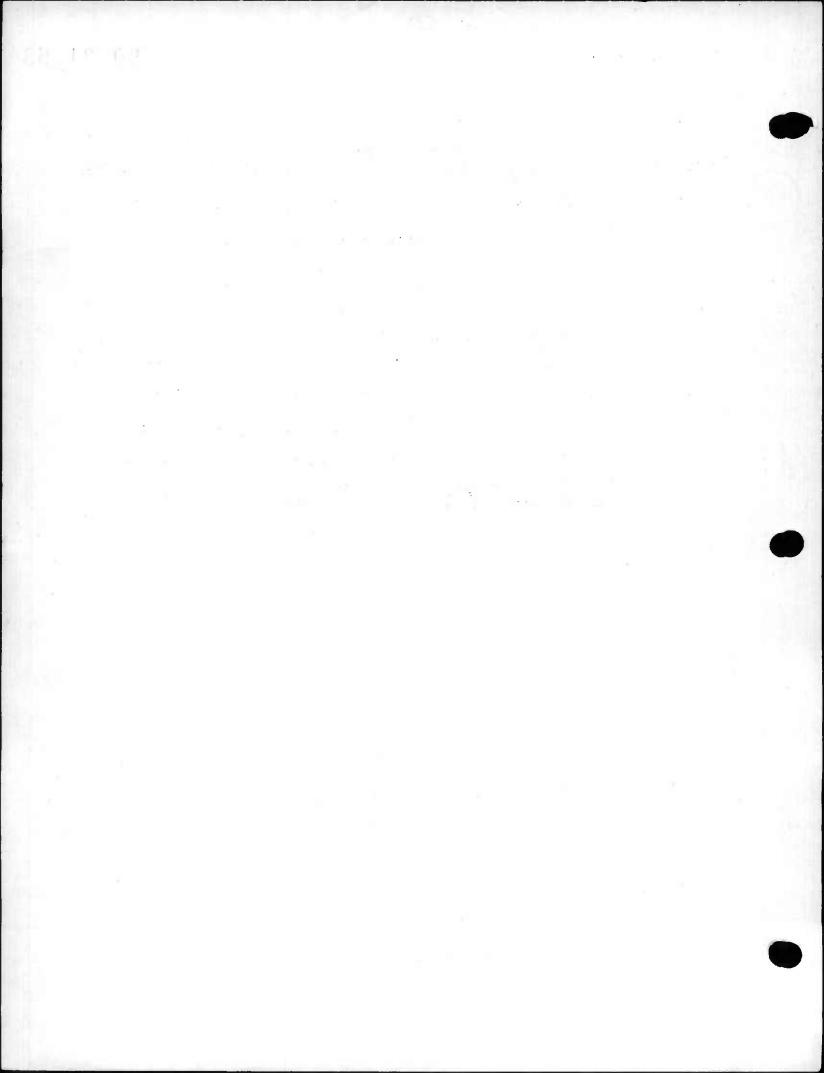
WILLIAM ROBINS, M.D., 1104HEALTHWAY DRIVE, SALISBURY, MD. 21801

whia Davidson-Randall

31. DATE FILED (Month, Day, Year)

JUL 1 8 '90

DHMH-18 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

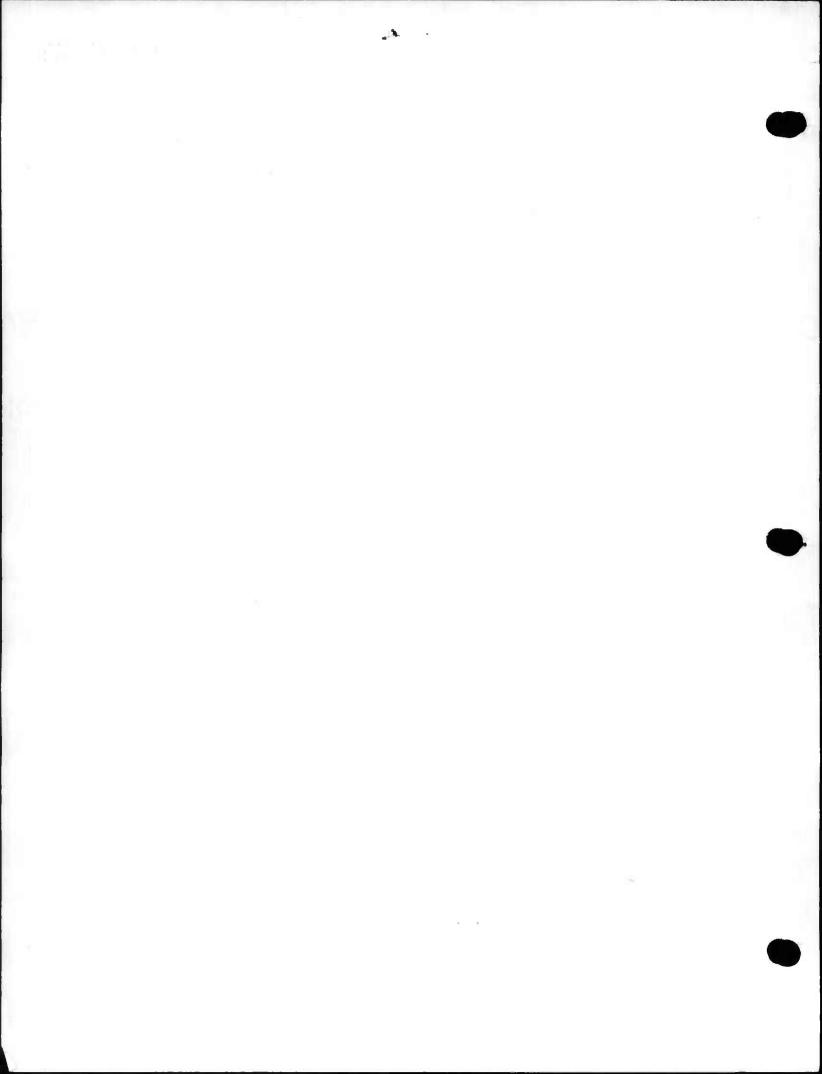
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1

1 - STATE REGISTRAR		CERTIF	ICATE (OF DEATH		REG. NO.						
1. DECEDENT'S NAME (First, Middle, Last)	ertha Ger				2. DATE C	OF DEATH			3. TIME OF DEATH			
Wathen	ir tha oti	Market M	larth	a	Ju1	y 2	, 6,19	90	5:00	Ba		
4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 Y		7. DATE O	Dey, Year)		8. BIRTHP	LACE (State or Fore	ign		
219-42-3920 1	□ M 2 💢 F	82 YRS.	MONTHS D	AYS HOURS MIN.	05/1	6/19	08		yland			
9a. FACILITY NAME (if not institution, give street	and number)		9b. CITY, TO	WN OR LOCATION OF DI	EATH		9c. COUN	TY OF DE	ATH			
Physicians Mem	orial Hos	pital	L	aPlata			Cha	rles	3			
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10a CIT	Y, TOWN OR L	OCATION					464 INDIDE OUTV			
								- 1	10d. INSIDE CITY LIMITS?			
Maryland Charl	Les		<u>aPlat</u>	101. ZIP CODE			10- CITI		1 YES 2 N	0		
	0.4			0. 2. 370			A 185		NAI COUNTRY?			
Star Rt 3 Box 23		NILLS ADMED	40 100	20646	NIC OBICINI	100	-	SA	American Indian			
11. MARITAL STATUS 1 Never Married 2 Merried 2 Merried 2 Merried 2 Merried 2 Merried 3 Merried 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 1 Yes, specify Cuben, Maxican, Puerio Rican, etc.) 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Maxican, Puerio Rican, etc.) 14. RACE — Amer Black, White, or No—If yes, specify: White							White, etc.	,				
15. DECEDENT'S EDUCAT (Specify only highest grade cor	ION roleted)	16e. DECEDENT'S	work done durk	JPATION ng most of working	16b.	KIND OF BUS	INESS/IND	USTRY				
Elamentary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u	se retired.)									
5th		Farm	ner			Farr						
17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA								
John Pilkerton				Gener								
19a. INFORMANT'S NAME (Type/Print)		195. MAILING		treet and Number or Rural			n, State, Zip	Code)				
Marie Murphy		IRt 2		287, Pomf	ret,		2067	5				
20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Remove	from State	other place)	-	of cemetery, crematory or				City or Tov				
4 Donation 5 Other (Specify)		St Mary				New	port	. M	Aryland	1		
21. SIGNATURE OF FUNERAL SERVICE LICEN	5 (1 ()		22. NA	ME AND ADDRESS OF FA	KCILITY		P.0	. Bo	x 567			
have .	(chos)	'	Are	ehart Fun	eral	Home	e La	Plat	a,MD 2	064		
23. PART I. Enter the diseases, Dr con			not anter th	e mode of dyling, aud	ch aa card	lac or reapi	ratory an	rest,	Approximat			
ahock, or heart failure. Lis IMMEDIATE CAUSE (Finel					1				Onset and			
disease or condition resulting in death)	Card	in Ruly	none-	VML QYYE	10/-							
readiting in death)	DUE TO (OR AS	A CONSEQUENCE O	F):	vay arre								
C b.	ع	mphyse	ma									
Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	OF):									
couse. Enter UNDERLYING CAUSE (Disease or Injury			<u> </u>									
thet initieted events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	OF):									
d												
PART II. Other aignificant conditions		d										
PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? AMILABLE PRIC								24b.				
CINONARY NE		but not reaulting	In the unde	orlying cause given in	Part I.	PERFOR	MED?	24b.	AVAILABLE PRIOR T	0		
Coronary Ne	Part Dis		in the unde	orlying cause given in	Part I.		MED?	24b.	AVAILABLE PRIOR T COMPLETION OF CA OF DEATH?	O WSE		
- Covonary Ne Rend Je	Part Dis		In the unde	orlying cause given in	Part I.	PERFOR	MED?	24b.	AVAILABLE PRIOR T	O WSE		
Renal of	Part Dis		in the unde	orlying cause given in		PERFOR	MED?	24b.	AVAILABLE PRIOR T COMPLETION OF CA OF DEATH?	O WSE		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	lent Dis	ean	OTHER:	26. PLACE OF DEATH (C	heck only on	PERFOR	MED?	24b.	AVAILABLE PRIOR T COMPLETION OF CA OF DEATH?	O WSE		
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DHMH-18 Rev 1/89

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FOR 1 . STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH OAY YEAR MONTH OAY YEAR M									
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 1 UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 1 UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 1 UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 24 HRS. 1 DATE OF BIRTH (Month, Day, Year) 1 UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF U									
OH O	90. FACILITY NAME (I no Lipsellullon, give strept and number) 90. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH ORCHESTER Co.									
ច្ច	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY									
. DIRECTOR	Md. Wiconico Salisbury 1 ves 2 no									
FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?									
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, atc.) 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No-If yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. RACE — American Indian, Black, Whita, atc. 15. YES 2 NO Specify: DigCK									
6	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working (Give kind of work done during most of working									
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) College Dome Stic Worker									
S	17. FATHER'S NAME (First, Middle, Lest);									
	George Jones Mary Jones									
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Acute Number City or Town, State, Zip Code)									
F	Innet Tucker 1832 Yourdall St. Thiladephia, ta.									
	20a. METHOD OF DISPOSITION 1									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
	23. PART I. Enter the discesse, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									
Z	ehock, Dr heart feliure. Liet only one cause Dn eech line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) e. A there is clerofic to the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the cond									
CERTIFICATION	Sequentially liet conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
ERT	resulting in deeth) LAST									
MEDICAL	PART II. Other eignificent conditione contributing to deeth but not recuiting in the underlying ceuee given in Part I. Cardure performed? 1 YES 2 NO									
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)									
	EXAMINER? 1 YES 2 Me 1 Inpatient 2 ER/Outpetient 3 DOA 4 Warraing Home 5 Residence 6 Other (Specify)									
PHYSICIAN:	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF WORK? NJURY AT 28d. DESCRIBE HOW INJURY OCCURED WORK?									
FED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined detarmined detarmined and provided investigation investigation 26s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner ea stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, dasth occurred at the time, data and place, and due to the cause(a) end manner as stated.									
	296. BIGHATURE AND TITLE OF CENTURES 29d. DATE SIGNED (Month, Day, Year)									
) BE	Quedy (Nashington, 10 D3 1105 1 7/20/90									
10	30. Hard AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH AT M 27) (Types, Print)									
	31. DATE FILE HOOM 200 1990 32. MEGISTRADE SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIGNATURE MANAGEMENT AND SIG									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the intending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MA			TMENT				MENTA	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) WING CHEU	JNG Y	AU						2. DAT	of DEATH	[9	10°	3. TIME OF DEATH 2:15 p M
	4. SOCIAL SECURITY NUMBER 218-92-3964	5. SEX 6.	AGE (In yrs. lest	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Mon	of BIRTH th, Day, Year)	23	Count	IPLACE (State or Foreign (Y)) CHINA
	9a. FACILITY NAME (If not institution, give str				9b. CITY			ON OF DE			9c. COUNT		
DIRECTOR	4202 DORIS AVEN	NUE				BAI	TIM	IORE				_	
REC	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN C						10d. INSIDE CITY LIMITS?		
	MARYLAND 100, STREET AND NUMBER	_		BALTIMORE 107. ZIP CODE						1- YES 2 ☐ NO			1X YES 2 NO
FUNERAL	4202 DORIS AVI	ENUE		21225							U.S.A.		
3	11. MARITAL STATUS	12. WAS DECEDENT E FORCES? 1	VER IN U.S. ARM	AED O						N? (Specify Yea Ricen, atc.)	or No—	4. RACI	E — American Indian, k, Whita, etc.
BY	1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE WAR						Specify		,		Spec	RIENTAL
9	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (i)				USUAL O	CCUPATIO	N st of workin	ng	16	b. KIND OF BUS	INESS/INDU	STRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	ive kind of work done during most of working DO NOT use retired.) LF EMPLOYED						RES	STAUE	RAN	т	
NO.	17. FATHER'S NAME (First, Middle, Lest)						18. MOT	HER'S NA	ME (First,	Middle, Maiden	Sumame)		
BE C		AU					в		ZHE		HEN		
5	19a. INFORMANT'S NAME (Type/Print) CHOR SHEUNG	YAU								MORE,			D 21225
	20a. METHOD OF DISPOSITION 1 Great Disposition Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remotes Great Remot	20b. PLACE Of other place LORR	of dispo	SITION (N	RK	CEM	natory or ETE	RY		CATION — C			
	21. SIGNATURE OF PURERAL SERVICE LIC	ENSEE	1					SS OF FA		K FUNE	DAT	TTOB	иE 21061
	Mary	d. 10	ufm	w	42	6 C	RAI	N HV	YY . S	S.W.GI	EN B	URI	NIE, MD.
CERTIFICATION	23. PART I. Enter the diseases of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellow. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):												
PHYSICIAN: MEDICAL C	PART II. Other significent condition	e contributing to d	eath but not re	eaulting	in the u	nderlying	g ceuee	given in	Part i.	24a, WAS AN PERFOR 1 YES 2	MED?	24	N. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO N/A
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF C	DEATH (Ch	eck only	one)			
YSIC	1 □ YES 2X NO	1 inpatient 2			_	rsing Hom		asidenca		ner (Specify)			
/ PH	27. MANNER OF DEATH 1 X Natural 5 Pending	28a. DATE OF IN (Month, Day,		28b. TH	JURY M		PICHY AT PRK? YES 2	□ NO	284. 0	EŞCRIBE HOW I	NJURY OCC	URED	
TED BY	2 Accident Investigation 3 Suicide S Could not be 4 Homicide determined	28e. PLACE OF building, at	INJURY — At hor c. (Specify)	me, farm,	street, fec	tory, offic	a			CATION (Street by or Town, State)		or Rural	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 X CERTIFYING PHYSI												(a) and manner as stated.
E CO	296. SIGNATURE AND TITLE OF CERTIFIE		muyn	12				ENSE NU					D (Month, Day, Year)
TO BE		1100					D	319	12		> /	/	23-90.
-	30. NAME AND ADDRESS OF PERSON WILL HO LAI FENG M.					C	BAL'	TIMO	RE	, MARYI	AND	2	21225
	31. DATE FILED (Month, Day, Year) JUL 2 7 1990	Alia Daydo	S SIGNATURE	pt.									

Abd v

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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / CE	DEPARTM RTIFIC	ENT OF H	EALTH AND N DEATH	MENTAL HYGIEN	E		
!	1. DECEDENT'S NAME (First, Middle, Last)	HENRY ADAMSKI				2. DATE OF DEATH DO	5 9	0 /0,001 -	
	212-01-3987	S. SEX 8. AGE (In yrs. lest	YRS. MON	UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	100 5	BIRTNPLACE (State or Foreign country)	
TOR	9e. FACILITY NAME (If not institution, give stree FRESIDENCE/OF DECEDENT)	Ba	14 more						
DIRECTOR	Maryland 10b. COUNTY			imore				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	1935 Swansea Road				21239		10g. CITIZEN OF W U.S.A C ORIGIN? (Specify Yes or No		
BY FUI	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. ARK FORCES? 1 YES 2 YOU IF YES, GIVE WAR OR DATES	MED O	13. WAS DEC If yes, sp 1 TYES		- 14. RACE — American Indien, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCAL (Specify only highest grade co Elementery/Secondary (0-12)	College (1-4 or 5+)	ve kind of work Do NOT use re-		ON at of working	18b. KIND OF BU	SINESS/INDUST	TRY	
COMP	12. 17. FATNER'S NAME (First, Middle, Last)		le Mas	ter		United Iron & Metal			
TO BE	Frank 190. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox		ole)	
	Mr. Raymond T. Adam 200. METHOD OF DISPOSITION 1 Burlet XIX Cremetton 3 Remove	al from State 20b. PLACE (OF DISPOSITIO	ON (Name of cer	metery, cremetory or	1 2 2	CATION — City		
. 0	4 Donation 6 Other (Specify)		en Mou	22. NAME A	8-8-90 ND ADDRESS OF FAC Cd J. Rug		to Md		
	23. PART I. Enter the diseases, or conshock, or heart fallure. Li	mplications that caused the de st only one cause on each line	ath. Do not					Approximate interval Between	
	Onsey and Death								
CERTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, feading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other eignificent conditions Clobb	contributing to death but not r	resulting in the	the underlyin	g cause given in	Part I. 24a. WAS A PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN:		HOSPITAL 1 Department 2 ER/Outpatient 3	DOA 4	THER:	LACE OF OEATH (Ch	eck only one) 6 Other (Specify)			
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	M 1 🗆	JURY AT DRK? YES 2 NO	28d. OEŞCRIBE HOW	100	•	
ETED I	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, stre	et, factory, offi		26f. LOCATION (Stree City or Town, Stat	t end Number or e)	Hurai Poute Number,	
COMPL	(Check only	HAN: To the best of my knowledge, de I: On the beste of examination end/or							
TO BE	296. SIGNATURE AND TITLE OF CENTIFIER	COMPLETED CAUSE OF DEATN (ITE	W 27) /5 00 0	riet)	29c. LICENSE NU	MBER	≥ 0	SIGNED (Month, Day, Your) 8 05 190	

exten

Joseph

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PP.
TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death w IMPORTANT: If Item 28 is marke

PHYSICIAN: MEDICAL CERTIFICATION

COMPLETED BY

BE 2

the manufacture of alterioring projectan.	or use as the burial-transit permit. Pages 1, 2, 3 sh	e milital at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
PHYSICIAN: The law requires that the death certificate be executed which zamours aref ceatin. The law requires that the death certified by physician.	this certificate has been signed by the attending physician and completely filled in by the funeral direction are properties as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	rked, or item 23 shows any injury, or other traumatic event, the medical examiner murroe multiplies once.	PHYSICIAN: MEDICAL CERTIFICATION

									C	0	21	85
FOR STATE REGISTRAR	STATE OF M				HEALTH AND		GIENI	E				
1. DECEDENT'S NAME (First, Middle	o, Last)					2. DATE OF DE	EATH		YEAR	3. TIME	OF DEATH	
	Theodore	3	Bus	shrod		MONTH -	6	19	90			М
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER 1 YEA		7. DATE OF BI			8. BIRTH	nul .	State or Fore	ign
220-20-5228	1 🔀 M 2 🗆 F	62	YRS.	MONTHS DAY	8 NOURS MIN.	1-21-	19 28	8	Count	" M	ld	
9a. FACILITY NAME (If not institution	n, give atreet end number)			9b. CITY, TOW	N OR LOCATION OF D			9c. COL	INTY OF E	EATH		
3118 Piedmon				- 11	Baltimore							
	COUNTY		10c. CITY	TOWH OR LO	CATION					10d. IN:	SIDE CITY	
Md			Ba	ltimor	e					-	MITS? ES 2 🗌 N	0
10e. STREET AND NUMBER					101. ZIP CODE			10g. CI	IZEN OF	WHAT CO	UNTRY?	
3118 Piedmor	nt Avenue				21216			Į	JSF	4		
11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced	TEVER IN U.S. A YES 2 MAR OR DATES	NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) Black, White, a						ł _o				
	'S EDUCATION st grade completed)	180. 1	DECEDENT'S I	USUAL OCCUP	ATION most of working	16b. KINE	OF BUS	SINESS/IN	DUSTRY			
Elementary/Secondary (0-12)	College (1-4 or 5 4		fe. Do NOT use	retired.)	most of Working	Ger	iera	1 Mo	tors			
17. FATHER'S NAME (First, Middle, L	ast)			·	16. MOTHER'S NA	AME (First, Middle	Melden	Surname)				
Harry Bushr	^od				Mary	Robins	on					
19a. INFORMANT'S NAME (Type/Pri	int)		19b. MAILING	ADDRESS (Str	et end Number or Rural	Route Number, Ci	ty or Town	n, State, Z	ip Code)			\neg
Elmira Bushro	bd		3118	Piedm	ont Avenu	e Balt	imo	re,	Md 2	1216		
20a. METHOD OF DISPOSITION 1 Strict Burlel 2 Cremetjon 3 4 Donation 5 Characteristics	20h PLAG	Tison Forest Veteran Cem Owings						City or Town, State Mills, Md				
21. SIGNATURE OF FUNEVAL SER	Y ON			Mar	e and address of F ch F/H Wes 00 Wabasi		e					
23. PART I. Buter the disease or condition resulting in (death)	cara	liac (no. Me4	ot enter the		ch es cerdiec	or respi	iratory a	rrest,	i ir	pproxime nterval Be onset and	tween
Sequentially list conditions,	b. CA	D/C	HE G	indy	hmias							

Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in deeth) LAST

1

DUE TO (OR AM A CONSEQUENCE OF)		
DUE TO (OR AS A CONSEQUENCE OF): High CAD LESTEND!	and	HBP

PART	II.	Other	significent	conditions	contributing 1	o desth	but not	reculting	in the	underlying	csuee	given in	Part I.
_													

PERFORMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	1 TYES 2 NO

S. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	OTHE	26. PLACE OF DEATH (Ch		_
7. MANNER OF DEATH 1 Naturel 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCUREO	_
3 Suicide 6 Could not be datermined	28e. PLACE OF INJURY — A1 hon building, etc. (Specify)	ne, farm, street, fac	tory, office	281, LOCATION (Street end Number or Rural Route Number, City or Town, State)	

29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e)

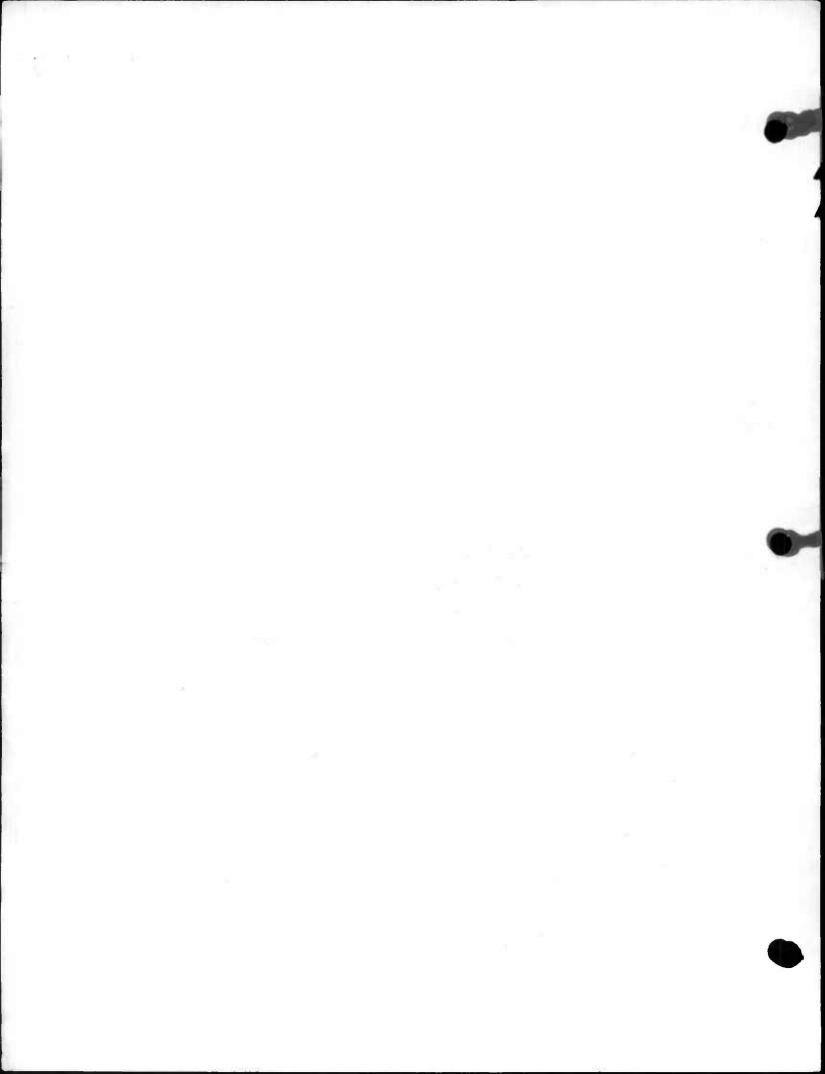
2 MEDICAL EXAMINER: On the besis of examin 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

8-9-9-9-0

29c. LICENSE NUMBER D 334 CAUSE OF DEATH (ITEM 27) (Type, Print)

21229 4660 Wil 31. DATE FILED (Morith, Day, Year) AUG 0 9 1990 Baltimore Ken

32. REGISTRAR'S SIGNATURE

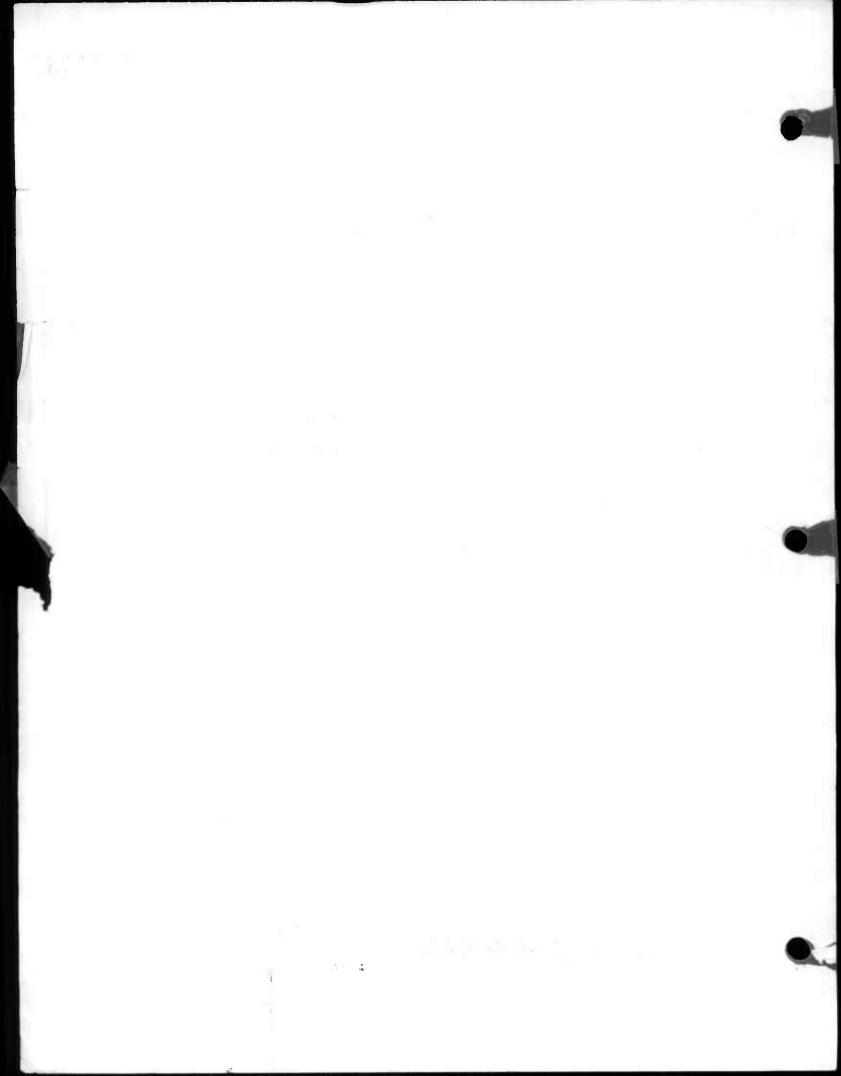


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Mounts after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for he flud within 70 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	it, Middle, Lest) Wayn	ne D	ennis		. 15	-50	Bagby	MO	ATE OF DEATH DA	Y	YEAR	3. TIME OF DEATN 2:24AM M
SOCIAL SECURITY NUN	BER	5. SEX	6. AGE (In yrs. In	est birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.		TE OF BIRTN		8. BIRTI	NPLACE (State or Foreign
213-98-113	32	1 □xM 2 □ F	20	YRS.	MONTHS	DAY8	HOURS MIN.	17	onth, Day, Year) 2 07	1969	Count	Wirginia
e. FACILITY NAME (If not	institution, give s	treet and number)			9b. CITY, T	OWN O	R LOCATION OF DI				NTY OF E	
Prince Geo	orges G	eneral H	Jospital		C	hev	erly			Pri	nce	Georges Co.
RESIDENCE OF DE	CEDENT											
De. STATE	10b. COUNTY								10d. INSIDE CITY LIMITS?			
Maryland		Georges		F	orest	_						1 X YES 2 □ NO
0e. STREET AND NUMBER						101	. ZIP CODE			10g. CITI	ZEN OF	WHAT COUNTRY?
2803 Sydney	/ Ave						20747					USA
1. MARITAL STATUS XXNever Merried 2 [Widowed 4 Div			NT EVER IN U.S. A I YES 2 X WAR OR DATES	NO	17	yes, spe	ENDENT OF NISPAI acity Cuben, Mexics 2 X NO Specif	n, Pue		or No—	Blac	E — American Indian, ck, White, etc. chy: Black
15. DE	CEDENT'S EDU	CATION CATION	16a. C	ECEDENT'S	USUAL OCC	UPATIC	ON at of working	T	16b. KIND OF BUS	INESS/INC	DUSTRY	
Elementary/Secondary		College (1-4 or 5	- 4	fe. Do NOT us	work done du se retired.) unds				Dani	vate		
		1		50	unas	Tec	111		PTI	vale		
7. FATHER'S NAME (First, Linwoo		Bagby					16. MOTHER'S NA		rst, Middle, Meiden Y Tuck			
90. INFORMANT'S NAME Dorothy	(Type/Print) Bagb	у	2	803 S	ydney	Street e	nd Number or Rural re/Forest	Route N	lumber, City or Town	2074	7 Code)	
Oe. METNOD OF DISPOSI		oval from State	20b. PLAC other	e of oispo	sition (Nem	Me	metery, cremetory or emorial F	Parl	20c. LO			own, State er, Md
H. SIGNATURE OF FUNER	AL SENVICE LI	CHOCK	- 40			AME AL	ND ADDRESS OF FA					
23. PAGE I. Enter the	my (complication th	at ceuced the	deeth. Do	, 74	74	Landove	r Ro	d./Lando	ver,	Md	Approximate
23. PANT I. Enter the ahock, or IMMEDIATE CAUSE (F	discesses, or preent fellure.	List only one ca	use on each li	ne.	, 74	74	Landove	r Ro	d./Lando	ver,	Md	20785
23. PAGE 1. Enter the ahock, or	discesses, or preent fellure.	List only on Aca	injuri	ne. Les	74	74	Landove	r Ro	d./Lando	ver,	Md	20785 Approximate Interval Between
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mouns after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	стеш	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be in
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REGISTRAR		CERTIFIC	CALE	F DEATH	REG. NO).			
1. DECEDENT'S NAME (First, Middle, Last) Mary S	• Benczko	welei			2. DATE OF DEATH MONTH Aug . 8	1990 YE	3. TIME OF DEATH 9:30 A. M		
4. SOCIAL SECURITY NUMBER 217-01-7778		E (In yrs. lest birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)	0. 6	BIRTHPLACE (State or Foreign Country)		
9e. FACILITY NAME (If not institution, give a					Aug. 14,		Maryland		
Frncis Scott Key				timore, Md		9c. COUNTY	OF DEATH		
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	v	100 CITY	TOWAL OR LC	CATION			10d. INSIDE CITY		
Maryland			r, rown on Location Baltimore				1 TO YES 2 NO		
10a. STREET AND NUMBER 147 N. Highland	Ave.			101. ZIP CODE 21224			OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 YI IF YES, GIVE WAR OF	ES 2 K NO	It yes	DECENDENT OF HISPAN , specify Cuben, Mexico YES 2 NO Specifi	n, Puerto Ricen, atc.)				
15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S U	ISUAL OCCUP	ATION g most of working	16b. KIND OF B	JSINESS/INDUST			
Elementary/Secondary (0-12)	College (1-4 or 6+)	Bookbi			Booki	inding			
17. FATHER'S NAME (First, Middle, Lest)				16. MOTHER'S NA	ME (First, Middle, Maide	n Sumeme)	·		
Felix Sienk	iewicz			Soph	ia Pakula				
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	eet and Number or Rural			le)		
Bernard Benczkow	ski			land Ave.					
		20b. PLACE OF DISPOSI	TION (Name o	f cemetery, crematory or		OCATION — City			
20g_METHOD OF DISPOSITION 1 to Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	novel from State	Holy Rosa	ry Cer	netery	Ва		e Co. Md.		
21. SIGNATURE OF FUNERAL SERVICE LI	censee	Lecy?	Geo	e and address of fa orge A. Wel 05 S. Ann	ber & Sons	Inc.	1237		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infilated events resulting in death) LAST	bDUE TO (OR A	IS A CONSEQUENCE OF):)seose					
PART II. Other eignificant condition	d. ne contributing to deet Lefton	h but not resulting i	n the undar	lying cause givan in		IN AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF DEATH (C)	neck only one)				
1 YES 2 40	1 Inpatient 2 ER/		4 - Nursing	Home 5 - Residence					
27. MANNER OF DEATH 1 Natural 6 Pending Investigation	28e. DATE OF INJU (Month, Day, Ye.	RY 26b. TIME INJI	URY	WORK?	5 udd	mouny occur	-0		
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJ building, atc. (treet, factory,	office	261. LOCATION (Stree City or Town, Ste	et and Number or i	Rural Route Number,		
one)	SICIAN: To the best of my k						euse(e) and manner as stated.		
29b. SIGNATURE AND TITLE OF CERTIFIE	ER .			29c. LICENSE NU	MBER	29d. DATE SI	IGNED (Month, Day, Year)		
Mr. Our	m HI)		D15	126	1 8-	-9-90		
30. NAME AND ADDRESS OF PERSON W				D.7±- >*	100.50				
Morton C. Orman			re ot.	Dalto. Mo	· 21224				
31. DATE FILED (Month, Dev. 16er) AUG 0 9 1990	quia Davidson	Mandell.							

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TO BE COMPLETED BY FUNERAL DIRECTOR

1	-	FOR STATE REGISTR	AR
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STATE OF MADVI AND / DEDADTMENT OF HEALTH AND MENTAL HYCIENE

•	1 - STATE REGISTRAR	SIMIL OF I			ICATE OF	DEATH		EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF D	DEATH DAY	YEA	3. TIME OF DEATH		
!	FF	RN			BUSCH		AUGUS			90 11:00a M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B (Month, De)	IRTH		RTHPLACE (State or Foreign unitry)		
	219-10-0598	1 🗆 M 2 💢 F	65	YRS.	MONTHS DAYS	HOURS MIN.	12 (55 2		MARYLAND		
	9a. FACILITY NAME (If not institution, give a	treet and number)	L		9b. CITY, TOWN	OR LOCATION OF DE	ATH	90	c. COUNTY O	F DEATH		
DIRECTOR	NORTH ARUN	DEL HOS	SPITAL		GLEN E	BURNIE,	MARYL	AND	ANNE	ARUNDEL		
EG	10a. STATE 10b. COUNT	,		10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY		
8	MARYLAND A	NE ARU	NDEL		GL	EN BURNI	E			LIMITS?		
	10e. BTREET AND NUMBER					H. ZIP CODE		10	OF WHAT COUNTRY?			
FUNERAL	7970 NOLCREST ROAD					2106]			S.A.			
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 Merried IF YES, GIVE WAR OR DATES				II yes, s	CENDENT OF HISPAN pecify Cuban, Maxicar S 2 NO Specify.	n, Puarto Ricar		6	ACE — American Indian, Slack, Whita, atc. Specify: WHITE		
E	15. DECEDENT'S EDU (Specify only highest grade		16a. DE	CEDENT'S	USUAL OCCUPAT	ION ost of working	16b, KIN	D OF BUSINE	ESS/INDUSTR	IY .		
ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5	100	. Do NOT us	se retired.)					TITO TITO		
M M	12			Ρ.	ACKER					TURING		
COMPLETED	17. FATHER'S NAME (First, Middle, Last) FRANK I. CONN	ELLY				18. MOTHER'S NAI			neme)			
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street	and Number or Rural R	Route Number, C	City or Town, S	State, Zip Code	21061		
임	MAURICE S. BUS	CH	75	970	NOLCRE	ST RD.GI	LEN BU	JRNIE	, MAR	YLAND		
	20a METHOD OF DIBPOSITION 1		20b. PLACE	OF DISPO	SITION (Name of c	emetery, crematory or		20c. LOCAT	TION — City o	or Town, Blata		
	4 Donation 6 Other Specify)		MARY	AND	VETER	ANS CEME	ETERY	CROW	NSVI	LLE,MD.		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	- Ann	und	22. NAME /	OND C. E	INK I	FUNER	AL H	OME 21061		
	Laur	d. 1	augin.		426	CRAIN HV	VY.S.V	V.GLE	N BU	RNIE, MD.		
	23. PART I. Enter the disesses of shock, Dr heart fallure.				not enter the m	ode of dying, auci	h ea cerdiac	or reapirate	ory erreat,	Approximate Interval Between Onset and Death		
	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	(9v	Ghon	210	7.5	1.	9	1 Sx	o inc			
	resulting in death) a. (SVC no not 87.5) Oue TO (OR AS A CONSEQUENCE OF):											
No	Sequentially list conditions, M any leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	If any, laading to immediate cause. Enter UNDERLYING	502 10	(on No X contac	ODENOE O	. ,.					İ		
	CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONSE	OUENCE C	PF):							
E	resulting in deeth) LAST	d										
	PART II. Other algorificant conditio	ne contributing to	death but not	resulting	In the underly	ng cause given in	Part I. 24	a. WAS AN AU	TOPSY	24b. WERE AUTOPSY FINDINGS		
SAL	TAIT II. Other algoritoria condition	The Continuously to	J GEERN DOT NOT	rosutting	ar the chicory	ing cades given in		PERFORME	E07	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
							- 11	☐ YES 2 🔀	INO	OF DEATH?		
Σ							-		- 1	1 TYES 2 NO N/A		
AN	25. WAS CASE REFERRED TO MEDICAL	İ			26	PLACE OF DEATH (Ch	eck only one)			21/ 11		
PHYSICIAN: MEDICAL	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	2 🗆 504	OTHER:							
48	27, MANNER OF DEATH	28a. DATE O		28b, TII	WE OF 28c. 1	oma 5 🗆 Residence		BE HOW INJU	URY OCCURE	0		
	1 Natural 6 Pending	(Month,	Day, Year)	IN	JURY	YORK? YES 2 NO						
ВУ	2 Accident		OF INJURY — At h	ome, farm,	street, factory, of	Nea		ON (Street and	Number or R	ural Route Number,		
Ë	3 Suicide 6 Could not be building, atc. (Specify)											
3	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of	of my knowledge, d	leath occur	red at the time, da	ita and place, and due	to the cause(s) and manne	or as stated.			
COMPLETED		ER: On the basis of	examination and/or	Investigati	ion, in my opinion	, death occured at the	time, dete and	d place, and d	dua to the ca	use(s) and manner se stated.		
	29b. SIONATURE AND TITLE OF CENTIFIE	-		U		29c. LICENSE NUI	MBER	2	29d. DATE SIG	ONEO (Month, Day, Year)		
B	298. SIGNATURE AND TITLE OF CENTIFIC					918	top		▶ 8	-8-90		
	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED ON		, , , ,		918	top		▶ 8	-P-90		
B		HO COMPLETED ON		AIN	HIGHWA	918	SLEN I		▶ 8	-8-90 RYLAND 2106		

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



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AL DIRECTOR

TO BE COMPLETED BY

FOR STATE

REGISTRAR			ERITIC	AIE	JE DEA	ПП	P	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF MONTH	DEATH DA	Y	YEAR	3. TIME OF OEATH
Floren	ce P	. B	ond				Augus	st 6	1	ggn	9:25 A M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		UNDER 1 YE	-	R 24 HRS.	7. DATE OF I			a. BIRTI Counti	IPLACE (State or Foreign
071-30-9982	1 🗆 M 2 🖵 F	54	YRS.	ONTHS DA	HOURS	MIN.	Anril		936		th Carolina
9a. FACILITY NAME (If not institution, give a	treet and number)		9	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEA						EATH	
4804 68th Ave			1	Hyattsville					Prin	ice	Georges
RESIDENCE OF DECEDENT											
Maryland Prince	George		10c, CITY, 1								10d. INSIDE CITY LIMITS?
Maryland Fillice	George		нуа	ttsvi	He			_			1XXYES 2 NO
4804 68th Ave					10f. ZIP CO				10g. CIT	IZEN OF V	WHAT COUNTRY?
20764 USA											
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — American Indian, 15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 16. RACE — American Indian, 17. Mayor Marriad 19. WAS DECEDENT EVER IN U.S. ARMEO 19. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — American Indian, 15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 16. RACE — American Indian, 17. Mayor Marriad 19. WAS DECEDENT EVER IN U.S. ARMEO 19. WAS DECEDENT EVER IN U.S. ARMEO 19. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. WAS DECEDENT EVER IN U.S. ARMEO 19. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. WAS DECEDENT EVER IN U.S. ARMEO 19. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. WAS DECEDENT EVER IN U.S. ARMEO 19. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. WAS DECEDENT EVER IN U.S. ARMEO 19. WAS DECEDENT EVER IN U.S. ARMEO 19. WAS DECEDENT EVER IN U.S. ARMEO 19. WAS DECEDENT EVER IN U.S. ARMEO 19. WAS DECEDENT EVER IN U.S. ARMEO 19. WAS DECEDENT EVER IN U.S. ARMEO 19. WAS DECEDENT EVER IN U.S. ARMEO 19. WAS DECEDENT EVER IN U.S. ARMEO 19. WAS DECEDENT EVER IN U.S. ARMEO 19. WAS DECEDENT EVER IN U.S. ARMEO 19. WAS DECEDENT EVER IN U.S. ARMEO 19. WAS DECEDENT EVER IN U.S. ARMEO 19. WAS DECEDENT EVER IN U.S. ARMEO 19. WAS DECEDENT EVER IN U.S. ARMEO 19. WAS DECEDENT EVER IN U.S. ARMEO 19. WAS DECEDENT EVER IN U.S. ARMEO 19. WAS DECEDENT EVER IN U.S. ARMEO 19. WAS DECEDENT EVER IN U.S. ARMEO 19. WAS DECEDENT EVER IN U.S. ARMEO 19. WAS DECEDENT EVER IN U.S. ARMEO 19. WAS DECEDENT EVER IN U.S. ARMEO 19. WAS DECEDENT EVER IN U.S. ARMEO 19. WAS DECEDENT EVER IN U.S. ARMEO 19. WAS DECEDENT EVER IN U.S. ARMEO 19. WAS DECEDENT EVER IN U.S. ARMEO 19. WAS DECEDENT EVER IN U.S. ARMEO 19. WAS DECEDENT EVER IN U.S. ARMEO 19. WAS DECEDENT EVER IN U.S. ARMEO 19. WAS DECEDENT EVER IN U.S. ARMEO 19. WAS DECED											
IE VER CIVE MAD OR DATER											
3 Widowed 4 Divorced											Black
15. DECEDENT'S EDU (Specify only highest grade		16a. C	ECEDENT'S US Give kind of wor te. Do NOT use i	WAL OCCUI	PATION g most of work	ing	16b. KII	ND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College,(1-4 or 5	+)		,							
	3	36	rvice (Jraer					riva	te	
17. FATHER'S NAME (First, Middle, Last) George P	owell				18. MO		ME (First, Midd				
George P	OWEII					Lena		Shep	pard		
19a. INFORMANT'S NAME (Type/Print)	τ.		96. MAILING AI								
Redden Bond,	Jr.		4804 68	sth A	ve/Hya	ttsv	ille,	Md :	20	784	
20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Ram	out from Parts	20b. PLAC	E OF DISPOSIT								own, State
4 Donation 6 Other (Specify)	OVER FROM STATE	_ Univer	Chi		Cemete			Wi1	liam	ston	, N. C.
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1	0	22. NAN	E AND ADDR	ESS OF FA	ситу Ј.	В.	Jenk	ins	Funeral Home
1	1/1/	. / ~ /	/				Rd/La				
Alkuly C	- 110	1, 3	<u> </u>	1							
23. PART I. Enter the decases, or ahock, or heart fallure.	complications the	ot caused the duse on each iii	death. Do noi ne.	enter the	mode of d	ying, suc	h aa cardiad	or reepi	ratory a	rest,	Approximate Interval Between
IMMEDIATE CAUSE Final	Co.	00		- A							Onset and Death
disease or condition resulting in death)	· sale	Mornin	morra	M	mes	<u></u>					Sudden
	DUE TO	(OR AS A CONS	EOUENCE OF):	114	^		worde	1			Solol
Sequentially list conditions,	a por	YVV I		uah	ca	201	mont	~			777.
If any, leading to immediate	DUE TO	(OR AS A CONS	EOUENCE OF):								7/11
CAUSE (Disease or Injury	a w	7 4	nab	remo	λ						1270
that initiated events	DUE TO	(OR AS A CONS	EOUENCE OF):	1 -							()
resulting in death) LAST	d. Sen	re p	neru	ra							Massic
PART II. Other algorificant condition	na contributing to	death but not	resulting in	the under	iving cause	given in	Part I. 24	la. WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDINGS
				220	,			PERFOR	MED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
							— ¹	YES 2	NO		OF DEATH?
							—				1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		16	THER:	26. PLACE OF	OEATH (Ch	neck only one)				
1 U YES 2 NO	1 Inpatient 2		3 DOA 4	☐ Nursing	\rightarrow	Residence	6 Other (S				
27. MANNER OF OEATH	28a. DATE O (Month, i	F INJURY Day, Year)	28b. TIME INJUI	TY YE	c. INJURY AT WORK?		28d. DESCR	NBE HOW I	NJURY O	CCURED	
1 Natural 5 Pending 2 Accident Investigation				M 1	YES 2	□ NO					
3 Suicide a Could not be		OF INJURY — At , etc. (Specify)	home, tarm, atr	eet, tactory,	offica		28f. LOCATI City or	ON (Street lown, State)	and Numb	er or Rural	Route Number,
4 Homicide determined											
29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	f my knowledge,	death occurred	at the time	data and pla	ca, and du	to the cause	(a) and ma	nner aa st	ated.	
one)	ER: On the basia of	examination and/	or investigation,	In my opin	lon, death occ	cured at the	time, data an	d place, ar	nd due to	the cause	(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	9	,			200 11	CENSE NU	MREP		20d Da	TE SIGNA	D (Month, Day, Year)
I had M	110	12.	A AG () 4	V.C.	~ \\\	1/2	2225) _	D. 07	03	7/98
36 NAME AND ADDRESS OF PERSON WI	O COMPLETED ON	ISE OF PEATU ("	TEM 27 Care	121	VIAK) !	" "	277			0	
				7.0		20.0	27	Const.		N/	COOOC Email
Suresh K. Gupta, M.D. 9801 Georgia Ave. #2-20 Silver Spring, Maryland 20902											
" " " AUG " O " 9" 1990	guka vill	SP STEWN STATE	ALL,	5							
M .	U James		State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State								

med at once.

TO THE HOSPIDL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- nours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burtal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examin	
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	1 - STATE REGISTRAR	STATE OF MARYLAND / I	DEPARTMENT OF		IENTAL HYGIENI REG. NO.							
	1. DECEDENT'S NAME, (First, Middle, Lest)	Clark			2. DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DATE OF DEATH DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE	9 - 90	3. TIME OF DEATN					
	087-05-/803	5. SEX 6. AGE (in yrs. last i	YRS. MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH	C	IRTNPLACE (State or Foreign					
TOR	9e. FACILITY NAME (If not institution, give s	MANOR No.	4 BA	OR LOCATION OF DEA	in	MA	HAND					
DIRECTOR	md 106. COUNTY		BA H	CATION P		10d. INSIDE CITY IMITS? 1 YES 2 \(\subseteq \text{NO} \)						
FUNERAL	33/3 PO	Var St.		212/6		10g. CITIZEN	5A					
BY FUI	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	lever Married 2 Merried FORCES? 1 YES 2/ NO If yee, specify Cuben, Mexican, Puerto Rican, etc.)										
COMPLETED	15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondery (0-12)	completed) (Give	EDENT'S USUAL OCCUPA is kind of work done during to NOT use retired.)	TION most of working	Interna		e Gadies					
COM	17. FATNER'S NAME (First, Milder Last)		367 000 2	18. MOTNER'S NAM	IE (First, Middle, Maiden	Surname)	WHO S CHIEFT					
BE	199. INFORMANT'S NAME (Type/Print)	<u>)n</u>	MAILING ADDRESS (Co.	U	nknowr		21205					
2	Hudrey (Nesson 2	MAILING ADDRESS (Street 530E, [F DISPOSITION (Name of	MAdison	5t, Ba	Himor	o, mo.					
)	1 Nouriel 2 Cremation 3 Rem 4 Donetion 6 Other (Specify)			rest UA	Cem Ou	inas	mills mo					
	21. SIGNATURE OF FUNERAL SEIDING LIC	Ensee G-Wardy	22. NAME	and address of fact.	tch Fu	nera	e Home					
	23. PART I. Enter the diseeses, preshock, or heert fellure.	complications that caused the dea List only one cause on each line.	th. Do not enter the	mode of dying, such	es cerdiec or respi	ratory srrest,	Approximate Interval Between					
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Onset end Death Onset end Death											
NO	Sequentistly list conditions, b. Almored Neurologour disease											
CATIO	If any, leading to immediate cause. Enter UNDERLYING CAUSE Places or robust											
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST oue TO (OR AS A CONSEQUENCE OF):											
	PART II. Other significant condition	s contributing to death but not re	sulting in the underly	ing cause given in F	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO					
BY PHYSICIAN: MEDICAL					1 _ YES 2	ET NO	COMPLETION OF CAUSE OF DEATN?					
AN	25. WAS CASE REFERRED TO MEDICAL		/ 26	PLACE OF DEATH (Che	ck anly ann)							
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	OTHER:	ome 5 - Reeldence (
зу РНУ	27. MANNER OF DEATH 1	28e. DATE OF INJURY (Month, Day, Year)		INJURY AT WORK? YES 2 NO	28d. DESCRIBE NOW II	NJURY OCCURE	D .					
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At hom building, etc. (Specify)	ne, farm, street, factory, o	Mice	26f. LOCATION (Street a City or Town, State)	and Number or R	ural Route Number,					
COMPLETED	nne)	ICIAN: To the best of my knowledge, des					use(e) and manner as stated.					
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	Ken Mw		29c. LICENSE NUM	160	29d. DATE SIG	NEO (Month, Day, Year)					
	MARIK DAVIS	9/4/ BAUT	27) (Type, Print) MATION	Ar PIK	e Es	.Mo	2/043					
	AUG 0 9 1990	who Davidson Randa &										

must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24-cours after that the law requires that the death certificate has been signed by the attending physician and completely filled in by the remarkants be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or remean the ceath with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or remean the property of them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be not

1	X
	1

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		C	ERTIF	ICATE	OF	DEATI	H		REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)			-					2. DATE (10		3. TIME OF DEA	TH
	ROBERT	CARTER							MDNTH	6		YEAR 90	555	P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthdev)	IF UNDER	1 YEAR	IF UNDER 24	4 HRS.	7. DATE C	F BIRTH			IPLACE (State or I	
	213-30-3077	1√JM 2 □ F	53	YRS.	MONTHS	DAYS	HOURS	MIN.	1 2 -	Day. Year)	6	Countr	M D	
	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH													
TOR	UNION MEMORIAL HOSPITAL BALTIMORE CITY RESIDENCE OF DECEMENT													
입												γ		
DIR	MD BALTIMORE, MD.											10d. INSIDE CIT LIMITS? 1 XES 2	NO NO	
FUNERAL DIRECTOR	100. STREET AND NUMBER 508 RICHWOOD AVE.										10g. CITI	CITIZEN OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Merried 2 Merried 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES, GIVE WAR OR DATES 1 YES 2 NO Specify:									14. RACI Blac Spec	E — American Ind k, White, etc.			
	15, DECEDENT'S EDU (Specify only highest grade	ICATION completed	16a. Di	ECEDENT'S	USUAL OC	CCUPATIO	ON at of working		16b.	KIND OF BU	SINESS/IND	DUSTRY		
COMPLETED	Elementery/Secondary (0-12)	College (1-4 or 5 +)	1E IN			st of working							
₹	17, FATHER'S NAME (First, Middle, Lest)		IIIOI	16 11	11 10	A CIL					A			
8	THOMAS CARTE	R								SING		ARY		
8	19e. INFORMANT'S NAME (Type/Print)		19	Db. MAILING	ADDRESS	3 (Street e	nd Number o	or Rumi R	Route Numb	er. City or Toy	rn, State, Zic	Code)		
2		ARTER		508									. 2121	.2
	20e. METHOD OF DISPOSITION 1 XI Burlel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	20b. PLACE	OF DISPOS	SITION (Na.	me of cer	CEME	tory or TER	Υ		ONNS		LE, MI).
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE					ND ADDRESS							
	► 500 g	Dan			W	M.C	. MA	RCH	F.I	1. 11	01	E. N	NORTH A	AVE.
	23. PART I. Enter the diseases, or				not enter	the mo	de of dyln	g, aucl	h aa card	lec or resp	iratory an	reet,	Approxim	
	ahock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition reaulting in deeth)		-		·								Onset ar	
	resulting in deeth) e. Liver Foilure DUE TO (OR AS A CONSEQUENCE OF): The Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Comparison of the Compari													
CERTIFICATION	Sequentially list conditions, If any, leading to immediate b. Compulately 2 nd to Etal Hepatets + Livertail- DUE TO (OR AS A CONSEQUENCE OF):													
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	c. 2	OR AS A CONSE	Laile	· ca								_	
E	thet initiated events resulting in deeth) LAST			EOUENCE O	F):									
ER	resulting in deeth) EAST	d. 50	05,4											
	PART II. Other algnificent condition	na contributing to	deeth but not	resulting	In the ur	nderiyin	g cause gl	Iven in	Part I.	24a. WAS AI		24	b. WERE AUTOPSY	
MEDICAL							E / Limenson			PERFO	RMED?		AMAILABLE PRIO COMPLETION OF DF DEATH?	
									_		- 00		1 YES 2	ZNO
5			-						_					
M	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF DE	ATH (Ch	eck only on	o)				
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHEI		ne 5 🗆 Res	sidence	8 🗌 Other	(Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF		28b. TIR	AE OF	28c. IN	JURY AT			CRIBE HOW	INJURY OC	CURED		
	1 Netural 5 Pending	(Month, D	ay, rearj	IN IN	JURY M		YES 2	NO						
D BY	2 Accident	26a. PLACE O	F INJURY — At I	ome, ferm,	street, fac	tory, offic	00					r or Rural	Route Number,	
	4 Homicide determined	bulleting,	etc. (Specify)						City	or Town, State	"			
LE	290. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of	my knowledge s	death occur	red at the f	time, date	end place	and due	to the cau	se(e) and m	nner as st	ited.		
COMPLETE	(Check only one) 2 MEDICAL EXAMIN												(e) end manner ed	stated.
	29b. SIGNATURE AND TITLE OF CERTIFI	ER /	,				29c. LICE	NSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Yea	ir)
BE		My	m	7 /	20			77	3 -		>	8/	190	
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAU	SE OF OEATH (IT	EM 27) (Typ	e, Print)		,					<u> </u>	110	
	Kfours	Union	Mema	100	1	Loca	nit-	/	Re	11.	na ~	- 14	D	
	31. DATE FILED (Month, Day, Your) ALIC 0.9 1990	. REGISTO	R'S SIGNAL UP	1,00		- 1				Iten			-	
	■ Δ185 H 3 H44H	PLUMO AM	Tample Man	INCLES										



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I	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notif
be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	redicai
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	FOR 1 - STATE REGISTRAR		ARYLAND / DEPA CERTIF						REG. NO			2186		
2	1. DECEDENT'S NAME (First, Middle, Last) James	CASSI	DY (SHIF	LETT)				2. DATE	BATE OF DEATH 3 1990 3. TIME OF C 3:13					
	4. SOCIAL SECURITY NUMBER 218-48-4505	1 XX M 2 □ F	8. AGE (In yrs. last birthday) 45 YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.		OF BIRTH		MARY	CE (State or Foreign LAND		
TOR	98. FACILITY NAME (If not institution, give FRANKLIN SQUARE RESIDENCE OF DECEMENT	A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA		9b, CITY		SSVIL		EATH		Balt:	y of DEATH	County		
L DIRECTOR	MARYLAND 10e. STREET AND NUMBER	BALTIMORE		TY, TOWN (MIDI	TION LERI L ZIP COD				Lacorate	1[I. INSIDE CITY LIMITS? YES XX NO		
FUNERAL	1412 CHESAPEAKE	AVENUE			10	. ZIP COD	212	220		log. Citize		S.A.		
16	11. MARITAL STATUS 11. Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	EVER IN U.S. ARMED YES 2 X NO R OR DATES		If yes, sp		in, Mexica	n, Puerto	N? (Specify Ye Rican, etc.)	e or No— 1		American Indian, hits, etc. JHITE		
COMPLETED	15. DECEDENT'S ED (Specify only highest grace (Specify only highest grace Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT' (Give kind of life. Do NOT	work done	during mo	est of world	ng	160		/A	STRY			
OME	12TH GRADE 17. FATHER'S NAME (First, Middle, Last)	N/A		VISA	DLE		HER'S NA	ME (First,	Middle, Maider	_	_			
BE C	WILLIAM D. SHIFL	ETT		7.14		l	/IRGI	INIA	D. CO	X				
TO E	19s. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zlp Code)											AND 21220		
	VIRGINIA D. CASS 20a. METHOD OF DISPOSITION 1 □ Burfal 2 □ Cremetton 3 □ Rei		20b. PLACE OF DISPO	OSITION (No	ame of ce	metery, crei	natory or		20c. L	OCATION — CH	ly or Town,	State		
	4 Donation 6 XXOther (Specify)	NTOMBMENT	GARDENS O	F FAI	TH (CEM.	8-7-	-90	BAL	TIMORE				
	3 Il	R		7	1922	WISE	AVE	ENUE	DUNDA	LK, MD	2	INC. 21222		
CERTIFICATION	Approximate interval Batwee Onset and Deal disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, ahock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
MEDICAL	d									N AUTOPSY RMED? 2 NO	CO OF	RE AUTOPSY FINDINGS NLABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MOSPITAL				LACE OF	DEATN (Ch	neck only o	ine)					
YSI	1 VES 2 NO		ER/Outpetlent 3 🗆 DOA	1	rsing Hor		asidence	_	er (Specify)					
BY PHYSICIAN:	27. MANNER OF OEATN XX Natural 5 Pending 2 Accident Investigation	28s. OATE OF I (Month, De	NJURY y, Yoar) 18	ME OF NJURY M	W	JURY AT ORK? YES 2 [□ NO	28d. DE	SCRIBE HOW	INJURY OCCU	PRED			
	3 Buicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, a	INJURY — At home, farm tc. (Specify)	, atreet, fac	tory, offic	00			CATION (Street or Town, State	and Number o	r Rural Rout	Number,		
COMPLETED	onel only		ny knowledge, death occu									d manner as stated,		
TO BE C	Ippral Ke	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER									29d. DATE BIGNED (Month, Day, Year) 8/3/90			
F	30. Name and Acoress of Person w	PNUM M D	9000 Frank	oe, Print)	Soua	re D	rive	Bal	timor	2123	7			

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be netitied at any

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
	CERTIFICATE OF DEATH		REG. NO.
AF (First Affeldie Loot)		4 0475 0	E DEATH

	REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Lest) Ruth Helen Coates 2. DATE OF DEATH MONTH PAY PAR PO 945	М									
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 1 M 2 F 79 YRS. 8. BIRTHPLACE (State or Fore Country) N. Caron	ign									
OR	96. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sold for the street and number) 9c. COUNTY OF DEATH Sold for the street and number)										
DIRECTOR	RESIDENCE OF SECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?										
	16. STREET AND NUMBER 109. CITIZEN OF WHAT COUNTRY?	0									
FUNERAL	102 Berlin Ave 21225 45A										
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuben, Maxican, Puerto Ricen, etc.) 14. RACE — American Indien Bleck, White, etc. 15. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Maxican, Puerto Ricen, etc.) 16. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Maxican, Puerto Ricen, etc.)										
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)										
	12 FATHER'S NAME (First, Middle Last) . 18 MOTHER'S NAME (First, Middle, Melden Surname), DA ra, B. 111, 111 am. 1										
TO BE	190. IMPORTUANT'S NAME (Type/Print) 190. IMAILING AGORESS (Street and Number or Ruyal Route Number, City or Town, State, Zip Code) 102 Berlial Hine 21225										
	20e_METHOD OF DISPOSITION 1 X/Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Special Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of C	Md									
	21. SIGNATURE OF FUNDMAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March 350 1100 has h Aue										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fine) disease or condition reculting in death) a. Chowic Renal Failure Approximation for the mode of dying, such as cardiac or respiretory arrest, interval Bet Onset and Constitution for the mode of dying, such as cardiac or respiretory arrest, interval Bet Onset and Constitution for the mode of dying, such as cardiac or respiretory arrest, interval Bet Onset and Constitution for the mode of dying, such as cardiac or respiretory arrest, interval Bet Onset and Constitution for the mode of dying, such as cardiac or respiretory arrest, interval Bet Onset and Constitution for the mode of dying, such as cardiac or respiretory arrest, interval Bet Onset and Constitution for the mode of dying, such as cardiac or respiretory arrest, interval Bet Onset and Constitution for the mode of dying, such as cardiac or respiretory arrest, and constitution for the mode of dying, such as cardiac or respiretory arrest, and constitution for the mode of dying, such as cardiac or respiretory arrest, and constitution for the mode of dying, such as cardiac or respiretory arrest, and constitution for the mode of dying, such as cardiac or respiretory arrest, and constitution for the mode of dying, such as cardiac or respiretory arrest, and constitution for the mode of dying, such as cardiac or respiretory arrest, and constitution for the mode of dying, such as cardiac or respiretory arrest, and constitution for the mode of dying, such as cardiac or respiretory arrest, and constitution for the mode of dying, such as cardiac or respiretory arrest, and constitution for the mode of dying, such as cardiac or respiretory arrest, and constitution for the mode of dying, such as cardiac or respiretory arrest, and constitution for the mode of dying, such as cardiac or respiretory arrest, and constitution for the mode of dying, and	twean									
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL C	PART II. Other algorificent conditions contributing to death but not resulting in the underlying ceues given in Part 1. Congress five that fair lune 1 yes 24 NO 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 yes 2 NO										
	25. WAS CASE REFERRED TO MÉDICAL 28. PLACE OF DEATH (Check only one)										
PHYSICIAN:	EXAMINER? 1 YES 2 NO HOSPITAL: OTHER: A Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 6 Residence 6 Other (Specify)										
ВУ РН	27. MANNER OF DEATH 280. DATE OF INJURY (Month, Dey, Year) 280. IME OF INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED										
	3 Suicide S Could not be determined 25. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 25. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.	ited.									
BE	29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIONED (Month!, Day, Year) #\$2\forall 385285891 \Rightarrow \text{8}7/90										
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Are 2/229										
	AUG 0 9 1990 32. AGISTRAR'S SIGNATURE										
	DHMH-1s	Rev 1/89									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be cells and the land land. Pages 1. 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at ence.

KED BY FUNERAL DIRECTOR

TO BE COMPL

	REGISTRAR		C	EKIIF	ICALE	: OF	DEATE	1	REG. N	0.				
	1. DECEDENT'S NAME (First, Middle, Last) RALPH	DANIEL CO	JMMONS						2. DATE OF DEATH MONTH	DAY 7	YEAR 90	. TIME OF DEATH 8:45P M		
	4. SOCIAL SECURITY NUMBER 216-18-6317	5. SEX 1 XM 2 F	6. AGE (In yrs. Is	est birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24	HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-16-21		s. BIRTHPL Country) Mary	ACE (State or Foreign		
	9a. FACILITY NAME (If not institution, give s		9b. CITY	TOWN C	OR LOCATION	OF DEA		9c. CO	UNTY OF DEA					
DIRECTOR	St. Joseph Hospit	al			Towson					Baltimore				
	10a. STATE 10b. COUNT	Y		10c. CIT	ry, TOWN C	OR LOCAT	ION				1	Od. INSIDE CITY		
		ltimore		Т	owson							LIMITS?		
FUNERAL	100. STREET AND NUMBER 603 Fairway D	rive				101	21.20 ⁴	4	10g. CITIZEN OF WH			AT COUNTRY?		
CED-BY FUN	11. MARITAL STATUS 1 Never Married 2XXMarried 3 Widowed 4 Divorced	VEVER IN U.S. A	3. ARMED 13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Maxica 1 YES 2XXNO Specify			Maxican.	an, Puarto Rican, etc.) Bi			- American Indian, White, etc. White				
9	15. DECEDENT'S EDU	CATION	18a. D	ECEDENT'S	USUAL O	CCUPATIO	ON	-	18b. KIND OF E	USINESS/II	NOUSTRY			
an I	(Specify only highest grade	College (1-4 or 5	+)	Give kind of le. Do NOT u IPETV		during mo	all of working		St. o	f Mar	yland			
сомы	17. FATHER'S NAME (First, Middle, Last)	•		aperv	1001	_	16 MOTHE	R'S NAM	E (First, Middle, Maid		·			
BE CC	Owen Cummons								Descham		-970			
	19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILIN	G ADDRESS	S (Street a	and Number of	Rural Ro	oute Number, City or 1	own, State, 2	Zip Code)			
2	Mary G. Cummon			-					-	, Maryland 21204				
	20a METHOD OF DISPOSITION XX Burlel 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	oval from State	other s	place)	OSITION (Name of cometer); crematory or 20c. LOCATION — City or Town, State Valley Memorial Gardens Lutherville, Maryl									
	21. Signature of Funeral Service Co	CENSEE					NO ADDRESS			e 650	0 Vorl	Rd 21212		
	23. PART I. Enter the diseases, pr		et ceueed the d	leeth. Do								Approximats		
	shock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition			16.					to de			Interval Between Onset and Death		
	resulting in death)	OF):	1 77	and and the same		12 for			20					
N O	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):													
CAT	if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury													
CERTIFICATION	that initiated events resulting in death) LAST d.													
	PART II. Other aignificant condition	ns contributing to	deeth but not	resulting	in the u	nderivin	a cause als	ven in f	Part I 24s WAS	AN AUTOPS	v 24h V	VERE AUTOPSY FINDINGS		
EDICAL							y cause gr		PERF	ORMED?	1	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Σ	· · · · · · · · · · · · · · · · · · ·								-		1	YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF DEA	ATH (Che	ck only one)					
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE	R:			8 Other (Specify)					
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE O (Month,	F INJURY Day, Year)	28b. Til	ME OF JURY M	W	JURY AT ORK? YES 2	NO.	28d. DESCRIBE HO	W INJURY C	CCURED			
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE building	OF INJURY — AI !	home, farm,	atreet, fac				281. LOCATION (Stre City or Town, Str	et and Numb	ber or Rural Ro	ute Number,		
ETE	4 Homicide determined													
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS											and manner as stated.		
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	R					29c. LICEN	ISE NUM	BER	29d. D.		Yorth, Day, Year)		
TO B	au-	co	~~	-			7	100	791		8/9/	90		
	Arthur A. Serpic					. Ma	rvlan	d 21	1204					
	31. DATE FILED (Month, Day, Year) AUG 0 9 1990		Ale Solding			,			=-:					
	1 Allia (13 1991) 374	morphism (most,	- land											

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	F	上年	90
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complibe filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, ore	=

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HY	GIENE
REGISTRAR	CERTIFICATE OF DEATH RE	G. NO.

1 - STATE REGISTRAR	OINIE OI MINITE		ICATE OF	DEATH	REG. N	0.					
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEA	ATN		
OLIVER CLOPT	ON				08 07		990	8	P		
4. SOCIAL SECURITY NUMBER		in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			PLACE (State or I	Foreign		
214-12-0815	1 Q M 2 D F 7	3 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 10-09-1	916		yland			
	ACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN							EATH			
COMMUNITY CARE NURSING HOME BALTIMORE CITY BALTIMORE											
10e. STATE 10b. COUNTY				10d. INSIDE CIT	TY.						
MARYLAND BALT	IMORE CITY	BA	LTIMORE					1 X YES 2] NO		
10e. STREET AND NUMBER				. ZIP CODE		10g. C	TIZEN OF	WHAT COUNTRY?			
606 CHERATON	ROAD			1225		II.	S.A.				
11. MARITAL STATUS	12. WAS DECEDENT EVER IF	V U.S. ARMED	13. WAS DEC	ENDENT OF NISPA	NIC ORIGIN? (Specify		14. BAC	E — American inc	dlen,		
1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 112 YES			ecify Cuben, Mexica 2 NO Specif	in, Puerto Rican, etc.) y:			k, White, etc.	K		
15. DECEDENT'S EDUC (Specify only highest grade			USUAL OCCUPATI		16b. KIND OF 1	BUSINESS/II	NDUSTRY				
Elementary/Secondary (0-12)	College (1-4 or 8+)	life. Do NOT u	se retired.)	at or working							
		JAN	ITOR		400						
17. FATHER'S NAME (First, Middle, Last)		1111111		18. MOTHER'S NA	ME (First, Middle, Maid	len Surname,)				
RUBIN CLOPTON				ETHEL	FALCON						
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or 1	lown, State, i	Zip Code)				
WARREN CLOPTON	N, SR.	606	CHERAT	ON RD.	BALTIMO	RE, I	MD.	21225			
20e. METNOD OF DISPOSITION 1 XBurlel 2 Cremetton 3 Remo		o. PLACE OF DISPO	SITION (Name of ce	metery, crematory or	20c.	LOCATION -	— City or To	own, State			
4 Donation 6 Other (Specify)	Val from State		ILLE V	ET. CEM	ETERY CI	ROWNS	SVIL	LE, MD			
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	. 1		ND ADDRESS OF FA							
>X01	D ()	#			ETT & SO Y HETGH				E		
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. ACUTE MYOCARDIAL INFARCTION DUE TO (OR AS A CONSEQUENCE OF):											
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING											
CAUSE (Disease or Injury that initiated events resulting in deeth) LAST											
PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. VENTRICULAR ARRYTHMIA 1 — YES 2								AMAILABLE PRIO COMPLETION OF OF DEATH? 1 YES 2	F CAUSE		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		7	LACE OF DEATH (C	heck only one)						
1 VES 2 THO	1 Inpatient 2 ER/Out	patient 3 🗆 DOA	OTHER:	me 6 🗆 Realdence	6 🗆 Other (Specify)						
27. MANNER OF OEATH	28e. DATE OF INJURY (Month, Day, Year)	26b. TII	ME OF 28c. IN	JURY AT ORK?	26d, DESCRIBE NO	W INJURY (DCCURED				
1 Netural 6 Pending 2 Accident Investigation				YES 2 NO							
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe		atreet, factory, offi	ce	261. LOCATION (Str. City or Town, St		ber or Rural	Route Number,			
(Check only	ICIAN: To the best of my know							(a) end manner ed	a state		
29b. SIGNATURE AND TITLE OF COMPETIE	R			29c. LICENSE NU	IMBER	29d. 0	ATE SIGNE	D (Month, Day, Yes	nr)		
March	Los	7.0.		D 170	4.0						
30. NAME AND ADDRESS OF PERSON WH	IO COMPLETEO CAUSE OF DE	EATN (ITEM 27) (Tvo	e, Print)	l D-170	47		10-01	8-1990	_		
ARTHUR M. LEBSO	ON, MD 364	40 FORD		BALTI	MORE MA	ARYL	AND	21215			
AUG 0 9 1990	32. REGISTRAR'S SIGN	Mandell	4								

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Thours after death. Page 6 may be retained by the hospital or an TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

ransit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

1 - STATE REGISTRAR	OTALE OF IM	CERTIF	CATE OF	DEATH	REG. NO	-		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		YEAR 3	3. TIME OF DEATH
VIVIAN	(CHAPMAN				-	90	10:35AM M
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	1	Country)	LACE (State or Foreign
220-62-6709	1 □ M 2 🔀 🛣	35 YRS.	MONTHS DAYS	HOURS MIN.	Sept. 24.19	254 N	/arvl	and
9e. FACILITY NAME (If not institution, give a	treet end number)		9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNT		
PRINCE GEORGE'S	HOSPITAL	CENTER	CHEVE	RLY		PRI	NCE (GEORGE'S
10e. STATE 10b. COUNTY			Y, TOWN OR LOC	ATION				10d. INSIDE CITY LIMITS?
	e George:	s Fore	stville			,		TYES 2 NO
10e. STREET AND NUMBER			1	Of. ZIP CODE		10g. CITIZI	EN OF WH	HAT COUNTRY?
3527 Pinevale Ave				20747				tates
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1 [EVER IN U.S. ADMED	13. WAS DI	CENDENT OF HISPAI packly, Cuban, Mexica	NIC ORIGIN? (Specify Years, Puerto Ricer, etc.)	or No-	14. RACE - Black,	- American Indian, White, etc.
3 Wildowed 4 Olvorced	IF YES, GIVE WA		1 🗆 YE	S PO Specifi	n, Puerto Rican, etc.) y:		Specify:	Black
15. DECEDENT'S EDU	CATION	16a. DECEDENT'S	USUAL OCCUPAT	TON	16b. KIND OF BU	SINESS/INDU	STRY	DIACI
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life Do NOT us	work done during r se retired.)	nost of working				
12th.	(, , , , , , ,		nity De	veloper	Com	zernme	nt	
17. FATHER'S NAME (First, Middle, Last)			THE THE		ME (First, Middle, Melden		-11	
James Butler					er a return to the			
19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stree		Arrison Route Number, City or Tow	m. State. Zip (Code)	
		-10-3888						00745
Wayne M. Chapman		20b. PLACE OF DISPOS			restville	CATION - C		
20er WETHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 Rem	oval from State	other place)						
4 Donation 5 Other (Specify)	CENSES F]	Marylan		ans Cemet				Maryland
21. SIGNATURE OF FUNERAL SERVICE CA	1/1	11-11	22. NAME	AND ADDRESS OF PA	J.B. J	Tenkin	s Fu	meral Home
TAILINU (A	1 Vla	1.01	7474	Landover	Rd. Lando	over,	Mary	land 20785
23. PART I. Enter the diseases, pr	complications that	caused the death. Do	not anter the n	node of dying, suc	h as cardiac or reap	iratory arre	ist,	Approximeta
ahock/ of heert fellure.	List only one caus	e on each line.						Interval Between Onset and Death
IMMEDIATE CAUSE (Finel disease or condition	Ac. o	- Candia	- 9.0		Anne	1		l consect and Death
resulting in death)	a. DUE TO (OR AS A CONSEQUENCE O	2 - 1000	mon av	7 144.05	YL		
_	Poss	e al a	0	200	3. 6.0			į
Sequentially list conditions,	DUE TO (OR AS A CONSEQUENCE O	fi: 4	-000 9		3		-
If any, leading to immediate cause. Enter UNDERLYING	Con	- 21 T \ 18.	No	TR	0 1	CLINIC	CALLY	Y 1
CAUSE (Diseese or Injury that initiated events	DUE TO (OR AS A CONSEQUENCE O	F):	0 (~	- Mari > 10	OLINI	J7 (LL	1
resulting in death) LAST	Susi	Think he	nm . E	vy Them	etome			
	o			1	3			+
PART II. Other algnificent condition	ne contributing to	deeth but not resulting	in the underly	ng cause given in	Part I. 24a, WAS A!			WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
					1 YES		1 7	COMPLETION OF CAUSE OF DEATH?
								1 YES 2 NO
								7
25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (CI	heck only one)			
EXAMINER?	HOSPITAL:	ER/Outpetient 3 DOA	OTHER:					
27. MANNER OF DEATH	28e. DATE OF			ome 5 Residence	28d. DESCRIBE HOW	INJURY OCC	HIREO	
1 Natural 5 Pending	(Month, De	y, Year) IN	JURY	VORK?	200. DESCRIBE NOW	INJURY OCC	OUED	
2 Accident Investigation	200 BLACE OF	M HIDV At home form			204 LOCATION (Com-	and Alumbaa	ns Down! D	auta Alumbas
3 Suicide 8 Could not be 4 Homicide determined	building,	* INJURY — At home, farm, atc. (Specify)	street, ractory, or	rice	City or Town, State	end Number (or Psurmi Pic	xute Number,
200. CERTIFIER								
(Check only 19 CERTIFYING PHYS		my knowledge, death occur						
2 MEDICAL EXAMIN	ER: On the basie of ex	amination and/or investigati	on, in my opinion	, death occured at the	e time, date end place, e	nd due to the) cause(a)	end manner ee stated.
296. SIGNATURE AND TITLE OF CERTIFIE	in D			29c. LICENSE NU	MBER	29d. DATE	SIGNED	(Munth, Day, Year)
Villamor	J. K	50 hs		1)20	1621	•	8/6	5/90
30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUS	E OF DEATH (ITEM 27) (Typ	e, Print)		00 0		-	1
VILLAMOR S.	REYES	M.D. G	50/ La	endover	RD. ch	war G	ns	D20781
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physic	e prio	er tra
Dujpu	Hygiel	or oth
r this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted.	Vental	rked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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certific	the S	, OT
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开	filed \	PORT
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g	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIE					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	MADELIN	E MILDRED	DAVIS			AUGUST	7, 1990°	11:25P M			
j	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	5. SEX 6. AGE (In		UNDER 1 YEAR	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF BIRTH (Month, Day, Year) UCT . 21,	1898	IRTHPLACE (Store or Foreign or Hary Land			
~	9e. FACILITY NAME (If not institution, give stre		9		R LOCATION OF DE	EATH	9c. COUNTY (
D.	Meridian Perring	Parkway		Balt	imore	Baltimore					
DIREC	10e. STATE 10b. COUNTY	altimore		timore	ION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
AL	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
KER	1302 Dartmouth A				21234		USA	1			
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DAT	3 V NO		city Cuban, Mexica	NIC ORIGIN? (Specify \ in, Puerto Rican, etc.) y:		RACE — American Indian, Black, White, atc. Specify:			
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	UAL OCCUPATION done during modelired.)	N at of working		USINESS/INDUSTI						
MP	10 Years		Homemak	ter		Home					
ပ္ပ	17. FATHER'S NAME (First, Middle, Leas) Edward Franklin	Laminden				me (First, Middle, Maid ma Floren	,				
BE	19e. INFORMANT'S NAME (Type/Print)	Lumbden	19b. MAILING AL	ORESS (Street a		Route Number, City or T					
5	Mildred Forni				th Ave.	Baltimor		21234			
	20a, METHOD OF DISPOSITION 1	val from State	PLACE OF DISPOSITION BAITIMON	ON (Name of cen	netery, cremetory or onal Cem	etery B	altimore				
	21 SIGNATURE ARCUMERAL SERVICE LICE	Musical Side, Jr.	_	MITC	DADDRESS OF FA	defeld Ho Baltim	me, Inc.				
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) ARTERIO SCLEROTIC HEART DISEASE DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL CER	PART II. Other algorificent conditions AL2 HE A Cut	cause given in	PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO						
SIAP	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	POROS			ACE OF DEATH (C/	heck only one)					
SIC		HOSPITAL: 1 Inpetient 2 ER/Outpe		THER:	e 612 Residence	6 Other (Specify)					
ВУ РН	27. MANNER OF OEATH 1 Natural 6 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME (IY WC	URY AT RK? YES 2 NO	W INJURY OCCURE	ED				
	3 Suicide 6 Could not be 4 Homicide datermined	26a. PLACE OF INJURY building, etc. (Speci	— At home, farm, str	et, factory, offic	261. LOCATION (Stre City or Town, Sta		ural Route Number,				
COMPLETED	(Orach Gray	IAN: To the best of my knowle : On the basis of examination						use(e) and manner as stated.			
BE	29b. BIGNATURE AND TITHE OF CERTIFIED			100	D. 17	MBEN 728	28d. DATE BIO	9-90			
5	30. NAME AND ADDRESS OF PERSON WHO				re, Md.	21236					
	31. DATE FILED (Month, Day, Year)			• CITOTIIO	, na .						
	AUG 0 9 1990	32. REGISTRAR'S SIGN	ander								

Pages 1, 2, 3 should

use as the burial-transit permit.

DIRECTOR

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CERTIFICATION

MEDICAL

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retained by the hospital or attending physician. 10 detached funeral director, page 5 should be notified 2 pe hours after death. Page 6 may removal. medicai filled in by th 6 the After this certificate has been signed by the attending physician and completely ideath with the State Dept, of Health and Mental Hygiene prior to burial, cremation a marked, or Item 23 shows any injury, or other traumatic event, the executed within certificate be HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death DIRECTOR: A FUNERAL within 72 1

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH 8/8/90 YEAR MARGARET H. DERENBERGER H. DEREN LERGER 1. OECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH MARGERET 0345 90 AM 08 08 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday IF UNDER & YEAR 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS HOURS 1 M 2 TF FEB. 219-18-3273 10,1925 MARYLAND 9s. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH ST. AGNES HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND CARROLL SYKESVILLE 1 YES 2X NO 10e. STREET AND NUMBER 10a. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 21784 U.S.A. 609 TANGLEWOOD DRIVE 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—if yea, specify Cuban, Maxlean, Puario Rican, atc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. 1 YES 2 NO 1 Never Married 2 X Marrie IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced WHITE 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) HOUSEWIFE OWN HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) EDNA SCHELEOU WILLIAM LARDUSKEY 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) GERALD DERENBERGER JR. 609 TANGLEWOOD DRIVE, SYKESVILLE, MARYLAND 20a. METHOD OF DISPOSITION

1 Buriat 2 A Cremetton 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State METRO CREMATORY CATONSVILLE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES Sinda Withke 1630 EDMONDSON AVENUE, CATONSVILLE, MD.21228 23. PART 1. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heert fellure. List only one cause on each line. Approximate Interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition . COLON CANCER WITH HETELITASLI TO THE LIVER AND LUNG resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | 10 OF DEATH? 1 TYES 2 THE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: tient 2 - ER/Outpatient 3 - DOA 1 | YES 2 | NO ome 5 Realdence 6 Other (Specify) 4 I Nun 27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCUREO 1 Netural 5 Pending м 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 4 Homicide 1 DESTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 🔲 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

ST. AGNES HOSPITAL, BALTIMORE, MARYLAND

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	CATE OF	DEATH	RE	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	Fink				2. DATE OF D MONTH AUGUS	EATH + 7PAY 1	990 ^{YEAR}	3. TIME OF DEATH 11:45 PM		
	Eleanor B.		E 41	or recovery distance	IF UNDER 24 HRS.				1.		
	215-22-2665	1 🗆 M 2 💢 F	E (In yrs. last birthday) 88 YRS.	MONTHS DAYS	HOURS MIN.		0. 190	1 M	THPLACE (State or Foreign ntry) aryland		
OR	99. FACILITY NAME (If not inetitution, give 16217 Corbett V			Monk	OR LOCATION OF DE	EATH	Baltimore				
FUNERAL DIRECTOR	10e. STATE 10b. COUNT	ltimore		r, town or location	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
5	Maryland Ba	Tumore	1 1		. ZIP CODE		100	CITIZEN OF	WHAT COUNTRY?		
NERA	16217 Corbett V				21111			USA			
B⊀	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	1 Never Merried 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuben, Mexicen, Pue						Bio	CE — American Indian, ack, White, atc. ectly: White		
	15. DECEDENT'S EDU (Specify only highest grad		16a, DECEDENT'S	USUAL OCCUPATE	ON under a supplier	16b. KINI	OF BUSINES	S/INDUSTRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Cler	e retired.)	st or working	Ва	ltimor	e Gas	& Electric		
CON	17. FATHER'S NAME (First, Middle, Last) Philmore Bennet	t, Jr.			18. MOTHER'S NA	Me (First, Middle Magdale			r		
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural						
2	Eugene B. Fink								ld. 21111		
	20e, METHOD OF DISPOSITION 1 🖟 Burlel 2 🗆 Cremation 3 🗆 Hen 4 🗀 Donation 5 🗀 Other (Specify)		nal Ceme								
		21. SIGNATURE OF FUNCTURE OF FUNCTURE OF FACILITY Mitchell-Wiedefeld Home, Inc. 6500 York Rd. Baltimore, Md. 21212									
	23 PART I Fotor the diseases or	complications that cau	and the death. Do						Approximate		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										
EDICAL CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):										
Σ	PART II. Other algnificent condition	ns contributing to deat	but not resulting	in the underlyin	g cause given in		WAS AN AUTO PERFORMED YES 2	2	Ab. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			28 D	LACE OF DEATH (C)	back anti- anal					
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:							
1×S	27, MANNER OF DEATH	1 Inpatient 2 ER/C			JURY AT		BE HOW INJUR	N OCCUPED			
BY Ph	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Yea	ir) IN.	M 1	YES 2 NO						
	3 Suicide 8 Could not be datermined	28e. PLACE OF INJI building, etc. (3	JRY — At home, farm, specify)	street, factory, offi	10	28f. LOCATIO City or To	N (Street and N wn, State)	lumber or Run	al Route Number,		
COMPLETED	enel oray	SICIAN: To the best of my ki							e(e) end menner as atated.		
BE CC	290. BIGNATURE AND TITLE OF CHITHM	Low			29c. LICENSE NU	MBER 57	290	DATE SIGN	(Month, Day, Year)		
2	30. NAME AND AGORESS OF PERSON W	HO COMPLETEO CAUSE OF	DEATH (ITEM 27) (Type	, Print)	NET	3/.		8/71	40		
	Philip H. Mod	re, M.D. 3	925 Beech	Ave. B	altimore	, Md.					
	31. DATE FILED (Month, Day, Year)	white State Control	ENCLUSE.								

me be detached for use as the burial-transit permit. Pages 1, 2, 3 should he hospital or attending physician.

AP 21203-3146

BALTIMORE,

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Puge 6 may be TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-t8 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hos	detach	once.
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ath. P	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach	De med within 22 nours aret death with the plate been, or regals and mental regions, consequence, or conversa- IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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d with	mplete	De med writin 2 hours after beatt with the State Cept. Of readtt and mental sygnere prox to buriet, demanded, or femous. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical ex
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31. DATE FILED (MONTH DON 1990

	FOR 1 STATE	STATE OF MA						MENTAL	HYGIEN	E		
	REGISTRAR		CE	ERTIFIC	ATE OF	DEAT	ГН		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE C	F DEATN DA	γ .	YEAR 3.	TIME OF DEATH
	CHRRIE	FISHE	2					08 68 90 6			6.50 am	
	4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. las	"	F UNDER 1 YEAR	IF UNDER		7, DATE O	F BIRTN Day, Year)	.6	Country)	ACE (State or Foreign
	216-03-0525	1 🗆 M 2 🔀 F	93	YRS.	ONTHS DAYS	HOURS	MIN.		1897	},		AROLINA
)	9a. FACILITY NAME (If not institution, give stre	9	b. CITY, TOWN (OR LOCATIO	ON OF DE		1071	9c. COUNT				
E.	LIBERTY MEDICA		DATMI	MODI		mv						
DIRECTOR	RESIDENCE OF DECEDENT	CENTER BALTIMORE C					TY					
Œ.	10e. STATE 10b. COUNTY			10c. CITY,	TOWN OR LOCAT	TION					10-	d. INSIDE CITY LIMITS?
1	MARYLAND	BA	LTIMOR	E CI	TTY				1 (YES 2 NO		
AL.	10e. STREET AND NUMBER					. ZIP CODE				10g. CITtZE	N OF WHA	T COUNTRY?
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B Other 28d. DES to the ceu time, deta	24a. WAS AN PERFOR	AUTOPSY MED? NO NJURY OCCU and Number of	24b. Wind All Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control	Approximats Interval Between Onset and Dasth ERE AUTOPSY FINDINGS ANLABLE PRIOR TO OMPLETION OF CAUSE F OEATH? YES 2 NO No Manual Research The Number, Indian Manual Research Topith, Day, Year)



TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE

REGISTRAR		CERTIFIC	ATE OF D	DEATH	REG.	NO.		
1. OECEOENT'S NAME (First, Middle,	LEONARD	н.	FINK	JR.	2. DATE OF DEAT MONTH AUGUST		3. TIME OF DEATH 10:00 P.	
4. SOCIAL SECURITY NUMBER 213-20-8848	MONTHS DAYS HOUSE MAIN (Month, Day, Year)							
96. FACILITY NAME (If not institution, ST. AGNES HOSP RESIDENCE OF DECEDEN	ITAL	95	BALTIMO			9c. COUNTY OF DEATH		
10a. STATE 10b. Co			OWN OR LOCATIO ATONSVII				10d. INSIDE CITY LIMITS? 1 YES 2 Y NO	
10% STREET AND NUMBER 30 NUNNERY LAN	E			1228		U.S	of what country?	
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEGENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	8 2 XNO	If yes, speci		IIC ORIGIN? (Specifin, Puerto Rican, att		RACE — American Indian, Black, White, etc. Specify: WHITE	
(Specify only highest Elementary/Secondary (0-12)	life Do			of working		F BUSINESS/INDUS	TRY	
12 17. FATHER'S NAME (First, Middle, Let		SELF EMP			TAVER	N OWNER		
LEONARD H. FIN	K SR.			BESSIE	HOROWI	TZ		
190. INFORMANT'S NAME (Type/Print) LEONARD FINK I						r Town, State, Zip Co ΜΔΡΥΙΔΝΙΟ		
20s. METHOD OF DISPOSITION 1 M Buriel 2 Cremation 3 C 4 Donation 5 Other (Specify,		ON (Name of cemet	SIDE ROAD, BALTIMORE, MARYLAND 21229 Name of cometery, crematory or CEMETERY BALTIMORE, MARY					
21. SIGNATURE OF FUNERAL SERVI	1.4	Le le	LEROY	M. & RU	SSELL C.		FUNERAL HOME VILLE, MD.212	
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other algorificent con	d. ditions contributing to deeth	but not resulting in	the underlying	cause given in		AS AN AUTOPSY REFORMED?	24b. WERE AUTOPSY FINDII AMAILABLE PRIOR TO	
					1 D Y	ES 2 NO	COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	CE OF DEATH (Ch	eck only one) 6 Other (Specific	4		
27. MANNER OF DEATH 1 M Netural 5 Pending	28a. DATE OF INJUR (Month, Day, Year	Y 25b. TIME C	OF 28c. INJUF Y WORK	TA YE		IOW INJURY OCCUI	RED	
2 Accident Investig 3 Suicide 8 Could n 4 Homicide determine	ot be 28e. PLACE OF INJU	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
(Orlock Orly)	PNYSICIAN: To the best of my kn							
29b. SIGNATURE AND TITLE OF CE				29c. LICENSE NUI	MBER	29d, DATE S	HGNED (Horith, Day, Year)	
30. NAME AND ADDRESS OF PERSON			*			228		
ADNAN M. SONMEZ 31. DATE FILED (Morith, Day, Year)		LING ROAD, I	BALTIMOR	E, MARY	LAND 21	1228		

3146	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mounts after death. Page 6 may be returned by the insurance of physician.	burial-transit permit. Pages 1, 2, 3 should	
a	3	7)
BALTIMORE, MARYLAND 2203-3146	6 may be retained by the hospital	ector, page 5 should be detached to	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
BALTIM	n 24 mours after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral din be filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner
146,	uted withi	complete rial, crem	c event.
OX 13	be exect	rior to bu	traumati
O. BC	certificate	ding phys Hygiene p	r other
S, P.	the death	the attend	injury, o
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	quires that	n signed by	lows any
AL RE	The law re	e has bee te Dept. o	m 23 sh
F VIT	YSICIAN: 1	s certificat th the Star	d, or ite
ONO	VDING PHY	: After this	is marke
DIVIS	OR ATTER	DIRECTOR hours after	IMPORTANT: If item 28 is marked
_	HOSPITAL	FUNERAL within 72	TANT: H
	3FL 0F	TO THE	IMPOR

	-						_	1120.110.			
	1. DECEDENT'S NAME (First, Middle, Last)	-1-	E1	1	- 3		2. DATE OF	F DEATH DAY	Y YE	3. TIME OF DEATH	
	Dar	an	rel	om	an		UUGL	140905 6 1990 6.19			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF	BIRTH	8.8	IRTHPLACE (State or Foreign	
	NONE	1 □ M 2 🛣 F	93	YRS.	MONTHS DAY	B HOURS MIN.	Contin, I	JIS I	897 °	ountry 1551a	
- 1	9a. FACILITY NAME (If not institution, give st	mad and aumbaut			01 O/TV 701	N OR LOCATION OF I	4000	2101	9c. COUNTY	10000100	
~	11. M	1	0	1			SC. COUNTY	1.1			
Ö	4 50 nay 11 1600	1	Battimore				Sa	Himore			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INS										
#	108. STATE 108. COUNTY	11		10c. CITY	, TOWN OR LO	CATION	2			10d. INSIDE CITY LIMITS?	
<u>a</u>	1115	Darrin	ORR		Oa	MIMORG	_			1 TYES 2 NO	
4	10e. STREET AND NUMBER	1	. 11			101. ZIP CODE		-	10g. CITHEN	OF WHAT COUNTRY?	
10e. STREET AND NUMBER 4 SUNNY Mecodow Ct # T - 1 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGINATIVES OF The State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State									Ku	1551a	
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쁘	(Specify only highest grade		(6	live kind of w	vork done during	most of working	100. K	UND OF BUS	INESS/INDUST	HY	
Ш	Elementary/Secondary (0-12)	College (1-4 or 5	+)	. Do NOT us	e rearea.)	(-		AH	- Ha		
COMPLETED	Thosew He I'll thome										
7. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden, Surragne)										1	
B	19a. INFORMANT'S NAME (Type/Print), 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
임	P MOS Alla Glads Have 18 02 Kanable Plans 10 1910 1910										
	111105. 11110	Olus	STITE	100	0 1	MOIII	12 KC	CIAL	W.F.	חשר ושושה שו	
20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of comptery, crematory or) 20c. Cattlon City or Town, State										or Town, State	
	4 Donation 5 Other (Specify)										
. 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	> 6 6 1 0 m ou	in t	ALMON.	0 4-	201	CENTRO	OD +	DOCUM	27 0	1 m-1	
-		all	DAT VIV	700	601	J KRISTA	estou	N 1	ca E	1011 011 o	
- 1	23. PART I. Entsr the disesses, or c shock, or heart failure.				ot sater the	mode of dying, su	ich es cerdie	ec or reepi	ratory erreet,	Approximete interval Between	
	IMMEDIATE CAUSE (Fine)	and only one of								Onset and Death	
- 1	disease or condition		ESOPHA	GEAL	1.19	ices					
	resulting in death)	S. DUE TO	OR AS A CONSE							1	
			(,					i	
CERTIFICATION	Sequentially list conditions,	b	OR AS A CONSE	OHENCE OF	D.						
E	if sny, lesding to immediate ceuse. Enter UNDERLYING	502 11	(on he h conce	GOLHOL OF	,.						
2	CAUSE (Disease or Injury	C	100 40 4 00HOP	OHENOE OF	m.						
片	thet initiated events resulting in death) LAST	DUE	OR AS A CONSE	GUENCE OF	-):						
H	resulting in death) Exst	d									
	PART ii. Other eignificent condition	e contribution t	deeth but not	reaulting i	In the under	ulaa sausa ahuan i	n Port I	24a. WAS AN	ALITODON	AAL WEDT ALTONOM ENIONICS	
MEDICAL	PART II. Other eignincent condition	s contributing t	destil but not	resulting	in the under	ying cause given i	in Part I.	PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
음								1 YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?	
Ē										1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	ī			2	. PLACE OF DEATH (Check only one	1			
$\overline{\mathbf{c}}$	EXAMINER?	HOSPITAL:		_	OTHER:	1					
YS	1 YES 2 NO		☐ ER/Outpatient			Home S Residenc	_				
H	27. MANNER OF DEATH	28e. DATE O (Month,	F INJURY Day, Year)	2Sb. TIM	E OF 280	INJURY AT WORK?	26d. DESC	RIBE HOW I	NJURY OCCUR	ED	
ВУ	1 Natural 5 Pending 2 Accident Investigation				M 1	YES 2 NO					
	3 Suicide S Could not be	28e. PLACE	OF INJURY — At h	ome, farm, :	street, factory,	office	26f. LOCAT	TION (Street a	and Number or F	Rural Route Number,	
Ē	4 Homicide determined	bullding	, atta (Specify)				City or	IOWII, State)			
COMPLETED	29a, CERTIFIER										
MPI	(Check only					deta and place, and d					
0	2 MEDICAL EXAMINE	R: On the beels of	examination and/or	Investigation	on, in my opinie	on, death occured at t	he time, date a	ind place, an	d due to the ca	ouse(a) and manner as stated.	
73						29c. LICENSE N	UMBER		29d. DATE SI	GNED (Month, Day, Year)	
	29b. SIGNATURE AND TITLE OF CERTIFIE										
BE	296. SIGNATURE AND TITLE OF CERTIFIES	Garde	10			025	195		▶ 8	1695	
ш	Armer	(Garde		FM 271 /Turn	Print)	025	695		▶ 8	695	
BE	30. NAME AND ADDRESS OF PERSON WH	Gardi O COMPLETED CA	USE OF DEATH (ITI	Salt	· M	1 212			▶ 8	8695	
BE	30. NAME AND ADDRESS OF PERSON WH	Gardi O COMPLETED CA	USE OF DEATH (ITI	Salt	· M				▶ 8	8695	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MADVI AND / DEDADTMENT OF HEALTH AND MENTAL HYCIENE

1 - STATE REGISTRAR		SIAIL OF MAIN	CERT	IFIC/		DEATH	MENIAL	REG. NO.			
1. DECEDENT'S NAME (First	Middle, Last)							OF DEATH DA			. TIME OF DEATH
William	L. (Gordon					MONTH 8	8		90	12:30 P.M
4. SOCIAL SECURITY NUME	BER		E (In yrs. last birthd		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C	F BIRTH Day, Year)	1	B. BIRTHPI Country)	ACE (State or Foreign
154-07-28	57	1 M 2 D F	82 YRS	S. MON	THE DAYS	HOURS MIN.		6/08	N		rolina
9a. FACILITY NAME (If not in	stitution, give	street and number)		9b.	CITY, TOWN	OR LOCATION OF D			9c. COUNT		
Union Men		l Extended	Care	Uhi	t	Baltimo	re				
10a, STATE	10b. COUNT	Υ	10c.	CITY, TO	WN OR LOC	ATION				1	ed. INSIDE CITY
MD				В	alti	more_				1	YES 2 NO
10e. STREET AND NUMBER					1	Of. ZIP CODE			10g. CITIZI	EN OF WH	AT COUNTRY?
3652 Ken	yon i	Avenue				21213			U	SA	
11. MARITAL STATUS 1 Never Merried 2 2 3 Widowed 4 Divo		12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	S 2 NO		If yes, s	ECENDENT OF HISPA specify Cuban, Maxico S 2 100 Specif	en, Puerto R		or No 1	Black, Specify:	American Indian, Whita, atc.
	EDENT'S EDU		16a. DECEDEN	T'S USU	AL OCCUPAT	TION nost of working	16b.	KIND OF BUS	INESS/INDU	ISTRY	
Elementary/Secondary (College (1-4 or 5+)	life. Do NO	T use ret	ired.)			U.S.	COVIT		
N/A		N/A	INVENTO	KY	STOCK	CLERK		0.5.	GOV I		
17. FATHER'S NAME (First, N	fiddle, Last)					16. MOTHER'S NA	AME (First, IV	liddle, Maiden	Surname)		
Emmet	t Go	rdon					Nel	lie C	arro	W	
19a. INFORMANT'S NAME (·	19b. MAIL			and Number or Rural YON AVENU					21213
MARY LOU G			DAL BI ACE OF DIE			emetery, cremetory or	JE, D	_	CATION — C		
N☐ Burial 2 ☐ Crematic	on 3 🗆 Ran	noval from State	other place)								, MD.
21. SIGNATURE OF FUNERAL	* * **	ICENSEE	UAF	LA	22. NAME	METERY	ACILITY				, 120
· /mi		Levis			SCH	IMUNEK FU Brehms I	JNERA	L HOME	INC.	Md.	21213
		complications that cause	ed the death. [o not							Approximate
	eart fellure.	e. Cri		Ln		,				,	Interval Between Onset and Death 2 Hours
Sequentially list conditions, list conditions, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuried intelligible of control that initiated events resulting in deeth) LAS	ing ury	c	S A CONSEQUENC								
		LUNG.			he underlyl	ng cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	IMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED T	TO MEDICAL					PLACE OF DEATH (C	heck only on	•)			
1 YES 2 NO		HOSPITAL: 1 Inpatient 2 ER/C	Outpatient 3 🗆 DC		THER: □ Nursing H	ome 8 - Rasidence	8 🗆 Othe	r (Specify)			
27. MANNER OF DEATH 1 Netural 5	Pending	28a, DATE OF INJUI (Month, Day, Yea		TIME OF	1	NJURY AT WORK?	28d. DES	CRIBE HOW I	NJURY OCC	URED	
2 Accident 3 Suicide 8 4 Homicide	Could not be determined	28a. PLACE OF INJU building, atc. (S		rm, atree				ATION (Street or Town, State)		or Rural Ro	ute Number,
one)		SICIAN: To the beat of my ki									and manner as stated.
296. SIGNATURE AND TITL	12	(lomo .	te			29c. LICENSE NU D0/3		3	29d. DATE	SIGNED (Month, Day, Year)
FRANCIS	X. C	PROOF H	D. 201			VERSITY	Y PH	RKUK	P B	BALT	0, MD21218
AUG 09	990 8	Fully Davidson-	CHARLES								

DHMH-18 Rav 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with physician and completely fined in by the funeral director, page 5 should be detached for use as the buriable filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1		-	STATE REGISTR	AR
Г	4	D	ECEDENT'S	MAR

REGISTRAR				EKIIF	ICALE	: Ur	DEAL	П	REG. NO.			
1. DECEDENT'S NAM	e (First, Middle, Last, Janina)	G	rzele	cka				2. DATE OF DEATH MONTH BA	ΝY	YEAR 90	12:50 A
4. SOCIAL SECURITY		5. SEX	6. AGE (In yrs.		IF UNDER	1 VEAR	IF UNDER	24 MDS	7. DATE OF BIRTH			LACE (State or Foreign
091-16-7		1 □ M 2XXF	87	YRS.	MONTHS	DAYS	HOURE	MIN.	(Month, Day, Year) 4-24-03		Country) Mary	
9a. FACILITY NAME (f not institution, give	atreet and number)			9b. CITY,	TOWN	R LOCATIO	ON OF DE	ATH	9c. COU	NTY OF DE	ATH
Union Me	emorial H	Hospital			Ва	alti	more			1	N/A	
10e. STATE	10b. COUN	TY		10c, CIT	Y. TOWN O	R LOCAT	TON				1	Od. INSIDE CITY
Maryland		N/A			Balti	imor	е					LIMITS? XX YES 2 \(\) NO
10e. STREET AND NU	MBER					101	. ZIP CODE			10g. CITI	ZEN OF WH	AT COUNTRY?
1529 Per	tridge l	Road					21:	239		U:	SA	
11. MARITAL STATUS		12. WAS DECEDED	T EVER IN U.S.	ABMED	13. 1	WAS DEC	ENDENT O	F HISPAN	IIC ORIGIN? (Specify Yes	or No-	14. RACE -	- American Indian, White, stc.
XX Xever Married 3 Wildowed 4			MAR OR DATES	₫NO		f yes, sp I [] YES	2 TH NO	n, Mexica Specify	n, Puerto Rican, etc.)		Specify	
(Spe	5. DECEDENT'S ED	UCATION de completed)	18e. I	DECEDENT'S	USUAL OC	CCUPATIO	ON at of workin	a	186, KIND OF BUS	SINESS/IND		
Elemantery/Secon		College (1-4 or 5		life. Do NOT us	se retired.)	suring rec	0. 0. 10.11.	8				
8				Stew	arde	SS			Shipp	ing 1	Line	
17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NA	ME (First, Middle, Maiden			
Toeanh	Grzelecl	k a							lonia Mala		ka	
19e. INFORMANT'S N				10h MAII INC	ADDRESS	(Street	and Mumber		Route Number, City or Tow			
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20e, METHOD OF DIS	POSITION emation 3 - Re	moval from State	other	place)			,,	atory or			City or Tow	n, State y ,Marylan
4 Donation 5/2		111	- 701	y Ros		_	ND ADDRES			THIOL	e crr	y, mary tan
23. PART I. Enter	the diseases, or , or heart fellure	complications the						_	efeld Home			k Rd 2121 Approximate interval Between Onset and Das
Sequentially list of if any, leading to cause. Enter UND CAUSE (Disease of the United ever resulting in death	conditions, immediata ERLYING or injury	DEPR	O (OR AS A CONS O (OR AS A CONS EN TA O (OR AS A CONS	SEQUENCE O	F):							
PART II. Other air	nificent condition	one contributing to	death but no	t resulting	in the un	derivin	a course o	alvan in	Part I. 24s. WAS AN	AHTOBOV	245.1	WERE AUTOPSY FINDING
DEUX	~ 00		over out 110	. roadining	LIFE UII	.voi lyill	A conse (tradi iii	PERFOR			WAILABLE PRIOR TO COMPLETION OF CAUSE
GASTA	- V	N							1 YES 2	No		OF DEATH?
0.7011	1118											I NES 2 NO
25. WAS CASE REFER	RED TO MEDICAL	HOSPITAL:			07:11		LACE OF D	EATH (Ch	eck only one)			
1 🗆 YES 2 🕞	Ño	1 Inpatient 2	☐ ER/Outpatient	3 DOA	OTHER Nur		10 5 🗆 Re	eldanca	8 Other (Specify)			
27. MANNER OF DEA	5 Pending		F INJURY Day, Year)	28b. TIR	7	28c. IN.	URY AT	NO	28d. DESCRIBE HOW	NJURY OC	CURED	
2 Accident 3 Suicide 4 Homicide	8 Could not be determined	28e. PLACE	OF INJURY — At , atc. (Specify)	home, farm,	atreet, fact				28f. LOCATION (Street City or Town, State)	and Number	r or Rural Ro	ute Number,
29b. SIGNATURA III	MEDICAL EXAMI	NER: On the basic of	USE OF DEATH (I	TEM 27) (Type	on, in my c		leath occur		to the cause(e) end ma time, date end piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, the piece, and the piece, and the piece, and the piece, the piece, and the piece, and the piece, and the piece, the piece, and the piece, and the piece, and the piece, the piece, and the piece, and the piece, and the piece, the piece, and the piece, and the piece, and the piece, and the piece, the piece, and the piece, and the piece, and the piece, the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and the piece, and	29d. DAT	he cause(e)	and manner as stated Month, Day, Year)
31. DATE FILED (Mont	990 Lu	lia Navidson	AR'S SIGNATURE									

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DIVISION OF VITAL RECORDS, F.O. DOA 13149,	HYS	this c	ked,
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2	LEND	DR: A	8 18
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2	AL O	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the hand making physician and completely filled in by the hand making or puring the state best, of Health and Mental Hydiere prior to burial, cremation, or removal.	H H
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	10	5 M	IMP

REGISTRAR		CERTIF	ICATE (F DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last,	MAE	H	AYNE	.5	2. DATE OF DEATH DO	YEA 9	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 101-20-8918	5. SEX 6. A	GE (In yrs. last birthday) 8 0 YRS.	MONTHS DA		7. DATE OF BIRTH (Month, Day_Year) 1 0 - 0 5 - 0	9	RTNPLACE (State or Foreign S . C .
99. FACILITY NAME (If not institution, give				I MORE,		9c. COUNTY O	
RESIDENCE OF DECEDENT 10e. STATE 10b. COUN	тү		TY, TOWN OR L		<i>y</i>	•	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 501 E. PRES	CTON CIDE		AL I I MC	RE, CIT' 101. ZIP CODE 21202		10g. CITIZEN (OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 YES, GIVE WAR O	ER IN U.S. ARMED	If yo	DECENDENT OF HISP	ANIC ORIGIN? (Specify Years, Puerto Rican, etc.)	or No — 14. F	NACE — American Indian, Black, White, etc.
16. DECEDENT'S ED (Specify only highest grade) Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT' (Give kind of the Do NOT	work done during retired.)	PATION g most of working	16b. KIND OF BU	SINESS/INDUSTR	WY .
17. FATNER'S NAME (First, Middle, Last) GEORGE JOHN	0.00				AME (First, Middle, Malden Y HALL	Surname)	
190. INFORMANT'S NAME (Type/Print) BOOKER T. JOI				eet end Number or Rura	I Route Number, City or Tow		
20a. METHOO OF DISPOSITION		20b. PLACE OF DISPO	SITION (Name	of cemetery, cremetory or	- BALTIMO	CATION City	or Town, State
4 □ Donation 5 □ Other (Specify) 21, SIGNATURE OF TUMERAL SERVICE I	1	BALTIMO		FIONAL C	EMETERY	BALIIN	MORE, MD.
* / mes	Ja (I	nel	WM	.C. MARC	H F.H. 11	01 E.	NORTH AV
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that intilated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE	OF):	-05			
PART II. Other algnificant condition	ons contributing to dea	th but not resulting	in the unda	lying cause given i		RMED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1000 market	OTHER:	8. PLACE DF DEATH (
1 VES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending investigation 2 Accident 3 Suicide a Could get h	28e. PLACE OF IN.	JURY — At home, farm	ME OF JURY	Home 5 Residence INJURY AT WORK? YES 2 NO office	28d. DEŞCRIBE NOW 281. LOCATION (Street	and Number or R	
4 Nomicide determined 29e. CERTIFIER (Check only 1 CERTIFYING PNY	building, etc.	(Specify)			City or Town, State)	
2 MEDICAL EXAMI	NER: On the basic of exami	nation and/or investiga	lon, in my opin	on, death occured at the 29c, LICENSE N			NED (Month, Day, Year)
	1000			1)(9	648	> 8	899
30 NAME AND ADDRESS OF DEDCOM	WHO COMPLETED ALMOST	E OFATH STEM AT CO	na Driest			- 1	- 1 /
30. NAME AND ADDRESS OF PERSON V 3449	MHO COMPLETED CHUSE TO ENS FUE 32-REGISTRARIO GINE DAVIDOS	BAK	h. /	ND 21	129		

STATE DELATES HELL MONDON

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the mounts after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burk be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF M		/ DEPAR					MEN	TAL HYGIEN	E		
i,	1. DECEDENT'S NAME (First, Middle, Last) Victor Hari	rie							2. D.	ATE OF DEATH	Y	YEAR	3. TIME OF DEATH 6:00PM M
DIRECTOR	4. SOCIAL SECURITY NUMBER 057-60-9242	5. 9EX 1 XXM 2 D F	6. AGE (In yrs. 18	iest birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	(A	ATE OF BIRTH Month, Day, Year) AY 17,19	72	Count	PLACE (State or Foreign Y) YOTK
OR	9a. FACILITY NAME (If not institution, give at 2318 Brightseat				9b. CITY		dove	ON OF DE			9c. COU	NTY OF D	Georges Co.
DIRECT	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY NEW YORK P	ronx		10c. CIT	ry, town (ONX	ION						10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 635 E. 169th. St.						ZIP COD						what country? States
BY	11. MARITAL STATUS XX Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDED	YES 2	ARMED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — A Black, Wh 1					E — American Indian, k, White, stc.			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12th.			DECEDENT'S (Give kind of life. Do NOT u	work done	CCUPATIO during mo	ON ist of work	ing		16b. KIND OF BUS	N/A		
	17. FATHER'S NAME (First, Middle, Leet) Otis Harris		· · · · · ·							irst, Middle, Meiden Murray			
TO BE	19a. INFORMANT'S NAME (Type/Print) Otis Harris						and Numbe	r or Rural	Route I	Number, City or Tow			
	20a. METHOD OF DISPOSITION 1	ce of dispo	SITION (N	ame of cer	metery, cre		n D c	20c. LO	CATION —	City or To			
	21. SIGNATURE OF FUNERAL SERVICE LIC	A Joan	1 8	,	22.	NAME A	ND ADDRI			J.B. Je	nkin	s Fu	neral Home yland 20785
	23. PART I. Enter the diseases, or one shock, or theart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	not ante		ode of dy	ring, auc	ch aa	cardiac or reap	retory ar	reat,	Approximate Interval Between Onset and Death			
NTION	Sequentially list conditions, if any, leading to immediate	OF):											
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO	FJ:										
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause of								Part	I. 24a. WAS AN PERFOI	RMED?	24	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF	DEATH (C	heck or	nly one)			
HYSI	XXXX 2 □ NO 27. MANNER OF GEATH	1 Inpetiant 2	F INJURY	28b. TI	4 🗆 Nu	28c, IN	JURY AT	Residence		Other (Specify)	SCE		
BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 4 文質하cide determined	8-4-9	OF INJURY — A	D 3:2		1 🗌			281.	LOCATION (Street City or Town, State	and Numbe		
COMPLETED	29a. CERTIFIER (Check only		of my knowledge		rred st the	time, dat	and plac	e, and du	Pr	ince Ge	arges	COL	Rd.Landover, unty,MD
H	29b. SIGNATURE AND/TITLE DE CERTIFIC	#					29c. Li	CENSE NU	JMBER CME		29d. DA	TE SIGNE	D (Month, Day, Year)
5	30. NAME AND ACCORSS OF PERSON WA		JSE OF DEATH ((ITEM 27) (Typ	20, Print)	Peni	n St	reet	,Ba	ltimore	,MD 2	2120	l vc

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at once.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may he retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shows		IMPORTANT: If is an 28 is marked or item 23 shows any injury or other traumatic event, the medical examiner must be notified
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after d	by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ical e
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	1 - STATE OF MARYL REGISTRAR		TMENT OF H		MENTAL HYG REG.						
	1. DECEDENT'S NAME (First, Middle, Last) Bertha Hunel food	9			2. DATE OF DEAT	TH DAY 9	YEAR 45 M				
	4. SOCIAL SECURITY NUMBER S. SEX 6. AGE 2/8 - 0/-630/ 1 M 2 F F	(in yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI (Month, Day, Yo 03/29/	19	8. BIRTHPLACE (State or Foreign Country) Mary Janes				
TOR	9a. FACILITY NAME (If not institution, give street and number) LEVINDALE RESIDENCE OF DECEMENT			TIMORE	ATH	9c. COUN	ITY OF DEATH				
DIREC	10e. STATE 10b. COUNTY MARYLAND BALTIMORE	10c. CIT	Y, TOWN OR LOCATED				10d. INSIDE CITY LIMITS? 1 YES 2 X NO				
FUNERAL DIRECTOR	3713 CORONADO RD.			2120			ZEN OF WHAT COUNTRY?				
8	11. MARITAL STATUS 1 Never Married 2 Married 3 Nover Married 4 Divorced 12. WAS DECEDENT EVER IF FORCES? 1 YES	2 NO	2 NO If yes, specify Cuban, Maxica			fy Yea or No—	14. RACE — American Indian, Black, Whita, atc. Specify: WHITE				
LE ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of life. Do NOT u	6e. DECEDENT'S USUAL, OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)			16b. KINO OF BUSINESS/INDUSTRY					
COMPL	12 17. FATHER'S NAME (First, Middle, Last) JACOB GAMERMAN	H	HOUSEWIFE 18. MOTHER LI			T HOME siden Sumame) LER					
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MRS. ELLEN LEVI 8268 STREAMWOOD DR. BALTIMORE, MD 2										
	20a. METHOD OF DISPOSITION Surface 2 Cremation 3 Removal from State										
	Mr. L. Brown	_	SOL L 6010	EVINSON (BROS.,	BALTO.					
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, euch es cardisc or reapiratory arrest, ehock, or neert feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) S										
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diaceas or injury that initiated events resulting in death) LAST										
MEDICAL C	PART II. Other significent conditions contributing to death	but not resulting	in the underlying	g ceuse given in	PI	AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL EXAMINER?			LACE OF DEATH (Ch	eck only one)						
YSIC	1 VES 2 10 1 Tripatient 2 ER/Out			ne 5 🗆 Residence			011000				
	27. MANNER-OF DEATH 1 Netural 5 Pending Investigation			JURY AT DRK? YES 2 NO	280. DESCRIBE	HOW INJURY OCC	JONED				
TED BY	2 Accident investigation 3 Suicide 8 Could not be detarmined 28a. PLACE OF INJUR building, etc. (Sp.		street, factory, offi	P	28f. LOCATION (S City or Town,		r or Rural Route Number,				
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my known one) 2 MEDICAL EXAMINER: On the basis of examination										
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER CESTULITATION. Tw.	my		717037			29d. DATE SIGNED (Month, Day, Year)				
	ESTRELITA O. KW. MY	= VEVI		HEBREW	GERIA	TRIC G	COUTER ! HOSPIA				
	31. DATE FILED (Month, Dey, Year) 32. REGISTAR'S SIG	widson-Ran	delle				21215				

TO BE COMPLETED BY FUNERAL DIRECTOR

ITEMS:23 thru 28f per ME G-666 8-28-90 cm

1 - STATE REGISTRAR	STATE OF MA					DEATH		VIEW IAL	REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)								2. DATE C	OF DEATH	•		3. TIME OF DEAT	'H
Jennifer	JIII				Jone	s		MONTH	1	NA.	90	10:49	Рм
4. SOCIAL SECURITY NUMBER	5. SEX 8	. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER 24		7. DATE O	F BIRTH Day, Year)		8. BIRTH Countr	IPLACE (State or Fo	reign
216 62 0543	1 🗆 M 2 🗔 F	34	YRS.	MONTHS	DAY8	HOURS	MIN.			1956		 NSYLVAN	IA
9a. FACILITY NAME (If not institution, give st	reet end number)			9b. CITY	TOWN O	LOCATION	OF DE			9c. COU	NTY OF D	EATH	
700 Dennison Str	eet			E	Balti	more							
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			40a CITA	/ TOWN /	OR LOCATI	ON						10d, INSIDE CITY	,
MARYLAND				LTIN		ON						LIMITS?	
10e. STREET AND NUMBER					101.	ZIP CODE				10g. CIT	IZEN OF V	WHAT COUNTRY?	
700 N. DENNISON	STREET				2	1229				U.	s. (OF A.	
11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARI	MED			NDENT OF			(Specify Yes	or No-	14. RACI	E — American Indi k, White, etc.	en,
1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAI						Specify		iceri, etc.,		Spec		
15. DECEDENT'S EDUC		16a. DE	CEDENT'S	USUAL O	CCUPATIO	N A of consider		16b.	KIND OF BU	SINESS/IN	DUSTRY	DLACK	
(Specify only highest grade Elamentary/Secondery (0-12)	College (1-4 or 5+)	life.	Do NOT us	e retired.)	aunng mos	t of working							
0-12 1-	4	SPEC	CIAL	ENFO	RCEM	ENT C)FF]	ICER	U. S	. GO	VERNI	MENT	
17. FATHER'S NAME (First, Middle, Last)									liddle, Meiden	Surneme)			
HOWARD L. JONES	II							JACKS					
19e. INFORMANT'S NAME (Type/Print)	DION	100							er, City or Tow			24.000	
MRS. BETTY J. TU	INUN		528 S				`	LTIMO	RE, M				
20e. METHOD OF DISPOSITION 12 Buriel 2 Cremetion 3 Reme 4 Donetion 5 Other (Specify)	oval from State	CEDAR	OF DISPOS HILL	CEN	METER	etery, cremet	7/9	90		CATION -		own, State D. A.A.	CO.
21. SIGNATURE OF FUNERAL SERVICE LIC		10====		22.	NAME AN	D ADDRESS	OF FA	CILITY					
· Lewis	18	web							ERAL I			215-6393 RE.MARYL	
Sequentielly list conditione, if sny, leading to immediate cause. Enter UNDERLYING	NARCOTIO DUE TO (C	on each line	ICAT DUENCE OF	ION F):	1-1-							Interval E Onset an	
PART II. Other significant condition	s contributing to d	leath but not r	resulting	in the u	nderiying	ı cause giv	ven in	Part I.	24a. WAS AN PERFO	RMED?	241	b. WERE AUTOPSY I AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	CAUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITAL					ACE OF OE	ATH (Ch	neck only on	•)				
1 YES 2 NO	HOSPITAL:		□ DOA	OTHE 4 Nu	rsing Hom	o 5 🂢 Rool	dence	_					
27. MANNER OF OEATH 1 Natural 5 Pending	28s. OATE OF II (Month, De) 8-1-9	Year)	28b. TIM	IE OF JURY		RK?			CRIBE HOW			C	
2 Accident Investigation				М		ES 2 🔀	NO		JECT (
3 Suicide 6 Could not be datermined	building, a	INJURY — At he tc. (Specify)	me, ferm,	atreat, fec	tory, office			City	ATION (Street or Yown, State DEN ISC)		BALTO.	, MD
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS. MEDICAL EXAMINE 3. SUGNATURE AND TILL OF CENTRE	CIAN: To the best of m					29c. LICEN	d at the	to the cau tima, date	se(e) end me	nner se st	ated. the cause TE SIGNE	(a) and manner as	stated.
A VE				A4.0		С	CME	S			8/2	2/90	
Frank J. Peretti		,		, Print)	ון	l Pen	n S	st.	R:	alto.	.MD	21201	S
Frank J. Peretti 31. DATE FILEO (Month, Day, Year)	32. REGISTRAF	'S SIGNATURE	416	-	- 11	_ I (cl)		,	1.00	A	طلايا ۽	21201	اد
AUG 0 9 1990	The David	son Band	سالك										
WAR A 1220	0								-		-	DHMH.	t6 Rev t/8

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. — July after Hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Capital or attending physician.	Ponce
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NON R. Aft	¥
OR ATTENDING PHYS DRECTOR: After this of hours after death with	н 28
E DH	Ħ
4E HOSPITAL OR ATTENDING PH 4E RIMERAL DIRECTOR: After to 6d within 72 nours after death w	WT: If Item 28 is
W W 10	DRTA
5 5 7	MPC

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		C	ERTIF	CATE	OF	DEATH	F	REG. NO.			
	1. DECEDENT'S NAME (First, Missin, Last) MARYANNA	JANK:0 W	IAK					2. DATE OF MONTH.	DEATH DA	Y	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215-03-3303	5. SEX 1 □ M 2 X□ F	6. AGE (In yrs. In:	rt birthday) YRS.		YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, Do	BIRTH By, Year) - 03		8. BIRTH Countr MAR	IPLACE (State or Foreign YLAND
L. DECEDENT'S NAME (Piny, Anness), Lauri MARY ANNA JANK_O WIAK WIAK A. SOCIAL SECURITY NAMER S. SEX S. ADE (in yrs. lest birthday) S. SIRRER, 1 YEAR S. LINGER 34 MIS, 7, 78.	ATH		9c. COU	INTY OF D	EATH							
5				L son CITY	Z TOWN OF	LOCAT	ION					10d. INSIDE CITY
	MARYLAND					RE	21228					1 YES 2 NO
IEHAL	5743 EDMONDSON	AVENUE								- 17	JSA	WHAT COUNTRY?
B	Waver Married 2 Married	FORCES? 1	YES 2	RMED NO	14	yes, sp	elty Cubsn, Maxican	, Puerto Rice		or No—	14. RACI Black Spec US	E — American Indien, k, White, atc. #y:
EIED	(Specify only highest grade Elementary/Secondary (9-12)	r completed	, (6	Give kind of v a. Do NOT us	vork done di e retired.)	CUPATIO uring mo	ON st of working	16b. Kii	NO OF BUS	BINESS/IN	OUSTRY	
4			HU	MEMA	KER							
		AK					FE 17				ΞK	
	15s. INFORMANT'S NAME (Type/Fred)		10	b. MAILING	ADDRESS	(Street a	nd Number or Rural R	loute Number,	City or Tow	n, State, Zi	ip Code)	
=								ENUE	7			
	4 🗆 Donation 5 🗆 Other (Specify)		20b. PLACE other p S T .	STA	NISL	- A U	S CEM		BAL		MD.	own, Stats
1	PARIGNATURE OF FUNERAL SERVICE LI	22. NAME AND ADPRESS OF FACILITY KACZOROWSKI FUNERAL HOME 2525 FLEET ST. BALTO. MD. 2						1224				
┪	23. PART I. Enter the diseases, or	complications the	csused the d	eath. Do r								Approximate
	shock, or heart fellure.	List only one cau	se on eech iin	е.			, ,		·	•		interval Between Onset and Death
	disease or condition	TE	RMI	VAZ		PA	EUMO.	ULA				48 Hrs
- 1	resulting in death)	OUE TO	OR AS A CONSE	OUENCE O	F):							
z						HE	ART	FAIL	URE			7 days
Ĕ	if any, leading to immediate			QUENCE O	F):							10 cms
2	CAUSE (Disease or Injury	6.		OUENCE O	CF OR:							10 7/12
ERT		d										
- 1	PART il. Other significant conditio	ns contributing to	deeth but not	resulting	in the un	derlyin	a cause alven in	Part I 2	Ia. WAS AN	AUTOPSY	241	b. WERE AUTOPSY FINDINGS
5							,		PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	S 							— ¹	YES 2	DENO		OF DEATH?
2	-							-				1 YES 2 NO
AN		I				26. PI	ACE OF DEATH (Che	eck only one)				
SIC	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon		ER/Outpatient	3 🗆 DOA			ne 5 🗆 Realdence	6 Other (S	Specify)			
					JURY	W	PRK?	28d. DESCF	NIBE HOW	NJURY O	CCURED	
		28e. PLACE O	F INJURY At I	ome, farm,	street, facto						er or Rural	Route Number,
ETED	4 Hamicide determined	bullding,	etc. (Specify)					City or	Town, State			
COMPL	(Check only 1 CERTIFYING PHYS											(s) and manner as stated.
TO BE	Mornia A	Klenn		w			29c. LICENSE NUN	aber 0401	9	29d. DA	8/8	O (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON W	ON DSON	61.	EM 27) (Type	BA	-c. 7	MD.		40	21	221	۶
	31. DATE FILEO (Month, Day, Year) AUG 0 9 1990	Julia Da	Adon-R	ndett								

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 "Burs after death. Page 6 may be retained by the frame this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

1	-	FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR			7711111	CERTIF	ICATE C	F DEAT	H	RE	G. NO.	-			
1. DECEDENT'S NAME (First, Middle	e, Last)							2. DATE OF D	EATH		YEAR	3. TIME OF DE	ATH
VIRGIE KNO	X							8-0	3-97	Ď	TEAR	8:35	Ам
4. SOCIAL SECURITY NUMSER	5. 3	SEX	6. AGE (#	yrs. last birthday)	IF UNDER 1 YE			7. DATE OF BI (Month, Day)	IRTH West		8. BIRTH Count	HPLACE (State or	Foreign
213305284	1 [☐ M 2X F	56	YRS.	MONTHS DA	/S HOURS	MIN.	5-8	-34			TH_CARO	ITNA
90. FACILITY NAME (If not institution	n, give street	and number)			9b. CITY, TO	VN OR LOCATIO	N OF DE	ATH		9c. COU	NTY OF O		
CHURCH HOSI		CORP	ORA'	TION	BA	LTIMO	RE	CITY					
MD .	COUNTY			10c. CIT B.A	LT IMC	RE						10d. INSIDE CI LIMITS? 1 YES 2	1,111
26 S. EXETI	ER SI	REET	APT	12C		2120	2					WHAT COUNTRY	7
11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced		WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2 NO	II yes		ı, Mexica	iiC ORIGIN? (Sp n, Puerto Rican, /:		or No—	14. RACI Stac Spec	E — American In ik, While, etc.	
15. DECEDENT (Specify only higher	T'S EDUCATIO	DN pleted)		16e. DECEDENT'S	work done during	PATION most of working	g	16b. KINI	OF SUS	INESS/IN	DUSTRY		
Elementary/Secondary (0-12) 0 - 12		ollege (1-4 or 5	+)	Ilfe. Do NOT u	oo retired.) DUSE WI		_		NONI	E			
17. FATHER'S NAME (First, Middle, I	Last)					16. MOTH	IER'S NA	ME (First, Middle	, Meiden	Sumame)			
MAXIE WELLS						HET	TIE	G. ROP	TNS	N			
19e. INFORMANT'S NAME (Type/Pri	int)			19b. MAILING	ADDRESS (Str			Route Number, C			ip Code)	-	
MRS. EULA M	. PERF	RY		6526 V	VOODGRE	EN_CIR	CLE	BALTI	MORE	E MAI	RYT.AN	VD 2120	7
20e, METHOD OF DISPOSITION	□ Ramovel	from State	20b.	PLACE OF DISPO								own, State	
12 Burial 2 Cremation 3	ffy)		_ WE		TAR CEN			3/90	CATO	DNSV	LLE,	MD. BA	LTO C
21. SIGNATURE OF FUNERAL SER	VICE LICENS	EE	4		LEWI		WYN	I FUNER				1215-63	
asew		<u> </u>	M	ynn								MARYL.	AND
23. PART I. Enter the disease shock, or heart find the shock of heart find the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shoc	es, or com	Only one cou	OX (consequence of	cephe		1	h ss cerdiac	or reapi	ratory si	rreat,	Onset 6	Imats Between and Death
Sequentially list conditions,	b			CONSEQUENCE O									
If any, leading to immediate cause. Enter UNDERLYING	J .												
CAUSE (Disease or injury that initiated events	J	OUE TO	(OR AS A	CONSEQUENCE C	F):								
resulting in death) LAST	d												
PART ii. Other significent co	anditions of	ontributing to	death h	ut ant recultion	In the under	luina acusa a	dican In	Boot I odo	MAG AN	AUTOPSY		b. WERE AUTOPS	V 57170100
possible		Cardia	0	nfarct	90.	ying cause y			PERFOR	MED?	24	AMAILABLE PRICOMPLETION COF DEATH?	OR TO OF CAUSE
25. WAS CASE REFERRED TO MED EXAMINER? 1 YES 2 NO	H	OPPITAL:	□ ED/Outo	atlent 3 DOA	OTHER:	6. PLACE OF D			~				
27. MANNER OF DEATH	114	26e. OATE OF		26b, TII		INJURY AT	sidence	6 Other (Sp. 28d, DESCRIS		NJURY O	CCURED		
1 Natural 5 Pendi		(Month, L	Day, Year)		JURY	WORK?	□ NO						
a - a	igation	26e. PLACE C	OF INJURY	— At home, ferm,	street, factory.			26f. LOCATIO	N (Street)	and Numbi	er or Rumi	Route Number,	
4 Homicide delerm		building	alc. (Spec	ify)				City or To	wn, Stete)			,	
one)				edge, death occur n end/or investigati								(e) and manner i	a statut
29b, SIGNATURE AND TITLE OF C	_												
Tools	97	for,	M	1.1%		29c. LICE	D J	7403	4	29d. DA	TE SIGNE	3/90)
Tomothe	T, /	OUU .	SE OF DE	ATH (ITEM 27) (340	o, Print)	tal		-			- (1	
31. DATE FILED (MÖDEL OF TOPO	9 199	32. Paragra	ARYS SIGN	ATURE Anda	4.,	1101							

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BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF			MENTAL HYGIEN REG. NO	_				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YE	3. TIME OF DEATH			
	JOHN BANAS K	IEWICZ SR.				8 4	90	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last		DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	10/ 8.1	SIRTHPLACE (State or Foreign Country)			
	220-20-4932 9e. FACILITY NAME (If not institution, give etre-	1 X M 2 D F 61	YRS. MONTH		HOURS MIN.	3-28-29	M.A	ARŸLAND			
E I	CHURCH HOSPITAI	•	96. C		IMORE (9c. COUNTY	OF DEATH			
5	RESIDENCE OF DECEDENT										
DIRECTOR	100. STATE 10b. COUNTY		10c. CITY, TOW	N OR LOCAT				10d. INSIDE CITY LIMITS? 1 \(\textstyre{Y} \text{YES} 2 \text{NO} \)			
	10e. STREET AND NUMBER		1,771		ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
FUNERAL	3306 O"DONNELL S				21224	1	USA				
B≼	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	MED 1	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 YND Specify: WHITE							
COMPLETED	16. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12) 8 YEARS	College (1-4 or 5+) (Gi	CEDENT'S USUAL tive kind of work do Do NOT use retired	ne during mo		16b. KIND OF BU	SINESS/INDUST	RY			
8	17, FATHER'S NAME (First, Middle, Lest)	- Di	CMING	-	16. MOTHER'S NAI	ME (First, Middle, Meider	Sumame)				
ŏ	LOUIS BANASZKI	ENIC7			A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA	E. 11. E. 11. SEC.					
BE	190. INFORMANT'S NAME (Type/Print)					SOBCZYN:					
2	R. ETHEL BANASK					BALTIMO					
- 1	20a. METHOD OF DISPOSITION 1 ☑ Burlel 2 ☐ Cremetion 3 ☐ Remov	20b. PLACE	OF DISPOSITION	(Name of cen	netery cremetory or	20c. LC	CATION — City	or Town, State			
	4 Donation 5 Other (Specify)				CEMETE			1D. 21224			
1	Ausmend	Harmondei				FUENRAL ST. BALT		21224			
	23. PART () Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory streat, Appr										
7	IMMEDIATE CAUSE (Finat disease or condition FO { / } SEDSTS										
	DUE TO (OF AS A CONSECUTANCE OF RESERVICE OF RESPONSATION FAILURE										
CERTIFICATION	Sequentially list conditions, if any, feeding to immediate cause. Enter UNDERLYING										
5	CAUSE (Diseese or Injury	DUE TO (OR AS A CONSEC	DUENCE OF):								
ĒΙ	that initiated events resulting in death) LAST										
英	d.										
	PART II. Other significant conditions	contributing to deeth but not r	resulting in the	underlyln	g cause given in	Part I. 24a, WAS AI PERFO	NAUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE			
ă						1 TYES	2 🗌 NO	OF DEATH?			
PHYSICIAN: MEDICAL						-		1 TYES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL			26 01	ACE OF OEATH (Ch	eck only one)					
2	EXAMINER?	HOSPITAL:	ОТН	IER:							
1YS	1 VES NO	1 ☐ Regiont 2 ☐ ER/Outpatient 3	28b, TIME OF	_		6 Other (Specify) 28d. DESCRIBE HOW	IN HIEW COOK	F0			
BY PH	Natural 5 Pending	(Month, Day, Year)		PRK?	288. DESCRIBE HOW	INJUNY OCCUR	EO				
	H a C entage — 1 286, PLAGE OF INJUST — AI nome, term, street, rectory, office 1 281, LOCATION (Street and Number of Figure Floure F										
COMPLETED	(Critick Orlly	IAN: To the best of my knowledge, de						suse(a) end manner ea stated.			
BE C	296. SHOMATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d. DATE S	GNED (Month, Pay, Year)			
2	100	COMPLETED CAUSE OF OFATH #TE					1	107/92			

32. REGISTRAR'S SIGNATURE

MODRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)
USWALE MK Cho;

DHMH-16 Rev 1/89

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

		ages 1, 2, 3 should	
BALLIMORE, MARYLAND 21203-3146	urs after death. Page 6 may be retained by the hospital or attending physician.	in by the funeral director, page 5 should be detached for use as the partial transe permit; removal.	nedical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physiclan and completely filled in by the funeral director, page 5 should be detached for use as the part of Health and Mental Hydrene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY WINEHAL DIRECTOR

										91	0 2188
1 - STATE REGISTRAR	STATE OF M			TMENT				MENTAL HYGII			
1. DECEDENT'S NAME (First, Middle, Last)	K	RANZ	7					2. DATE OF DEATH		YEAR 3.	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 214 88 7569	5. SEX	6. AGE (In yrs. le: 78	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN,	7. DATE OF BIRTH (Month, Day, Year April 20		8. BIRTHPL Country)	ACE (State or Foreign
9a. FACILITY NAME (If not institution, give str Hebrew Home of G		shingto	on			r LOCATIO	ON OF DE			NTY OF DEAT	
RESIDENCE OF DECEDENT 10a. STATE Maryland Mo	ontgomery	7	10c. CIT	y, town o		ille					Od. INSIDE CITY LIMITS? XYES 2 NO
100. STREET AND NUMBER 6121 Montrose Roa					101.	ZIP CODE	0852		10g. CITI	ZEN OF WHA	AT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married XX Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	EVER IN U.S. AF	NO	H	f yes, spe			IIC ORIGIN? (Specify n, Puarlo Rican, etc.)		14. RACE — Black, W Specify:	American Indian, white, etc. White
15. DECEDENT'S EDUC (Specify only highest grade : Elementary/Secondary (0-12) (unascertainable	College (1-4 or 5+) (G	ECEDENT'S Sive kind of a. Do NOT us House	work done of se retired.)	CUPATIO	N It of workir	9	16b. KIND OF	BUSINESS/IND Home	USTRY	
17. FATHER'S NAME (First, Middle, Last) Isaac	Knubovie	z						ME (First, Middle, Mak certainal			
19a. INFORMANT'S NAME (Type/Print) Jose L. Kranz		19	18608	ADDRESS Her:	itag	e Hi	or Rural I	Poute Number, City or Drive, B	Town, State, Zip rookvi	11e, 1	20833 Maryland
20a. METHOD OF DISPOSITION 1\(\chi\) Burlel 2 \(\chi\) Cremetion 3 \(\chi\) Remote Remote 4 \(\chi\) Donation 5 \(\chi\) Other (Specify)	val from State	20b. PLACE	OF DISPO		me of cen	elen, cren	natory or	20c.	LOCATION — delphi	City or Town	State
21. SIGNATURE OF FUNERAL SERVICE LICE Vorald	ensee	Otic	n	Ďδ!	NALI	M.S	TEIN	N'HEBREW			NERAL HOME GTON, D. C
23. PART I. Enter the diseases, or c shock, or heert fellure. I IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	list only one cau	coused the dise on each line.	a. A TIO		/)		no N/A		reat,	Approximate Interval Setween Onset and Daath
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events		OR AS A CONSE			T	En	GA	TIA			
resulting in deeth) LAST	l										1
PART II. Other algnificant condition	contributing to	death but not	reaulting	in the un	derlying	j cause ;	given in	Part I. 24e. WAS PER 1 YES	AN AUTOPSY FORMED?	CO	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D	EATH (Ch	eck only one)			
1 TYES 2 NO	HOSPITAL:		-		sing Hom		sidence	6 Other (Specify)			
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF (Month, Da	INJURY ny, Ybar)	26b. TIR	ME OF JURY M		JRY AT RK? 'E\$ 2	□ NO	28d. DEŞCRIBE HO	W INJURY OC	CURED	
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — At heets. (Specify)	ome, farm,	street, fact	ory, offic			26f. LOCATION (Str. City or Town, St	set and Number rate)	or Rural Rou	te Number,
29a. CERTIFIER 1 CERTIFYING PHYSH (Check only one) 2 MEDICAL EXAMINE								to the cause(s) and time, data and place			nd manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER		c- 0.			7	29c. LIC	ENSE NUI	MBER	29d, DAT	E SIGNED (M	forth, Day, Year)

MARK SHIP OF THE

BALTIMORE, MARYLAND 2	ours after death. Page 6 may be retained by the hospital	ed in by the funeral director, page 5 should be detached it, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached it be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MAR					MENTAL	HYGIENE
	CE	RTIFICATE	OF DEAT	ГН		REG. NO.
VATULEEN	AVEDC	VACTEN			O DATE O	E DEATH

1 - STATE REGISTRAR	STATE OF MARYI		MENT OF H		MENTAL HYGIEN REG. NO	_	
1. DECEDENT'S NAME (First, Middle, Last)	A	KERS KASTI	TEN	9 20	2. DATE OF DEATH	90	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 2/4 40 4037 9a. FACILITY NAME (If not institution, give	7 1 🗆 M 2 💢 F	90 YRS.	F UNDER 1 YEAR WONTHS DAYS	HOURS MIN.			ATHPLACE (State or Foreign unity) Mryland
Roland Park Pla			- Upon	imore		N/A	
10a. STATE 10b. COUNT	n/A		TOWN OR LOCAT				10d, INSIDE CITY LIMITS?
100. STREET AND NUMBER	11/20			ZIP CODE			F WHAT COUNTRY?
830 W. 40th St.	12. WAS DECEDENT EVER	MILO ADMED	Les une per	21210	110 CONONIO 10 11 11	USA	
1 Never Married 2 Married 3 Widowed Divorced	FORCES? 1 YES	XXNO		city Cuban, Maxica	NIC ORIGIN? (Specify Yea in, Puarlo Rican, atc.) y:	В	ACE — American Indian, lack, Whita, atc. pecify: White
15. DECEDENT'S ED (Specify only highest grad		18a, DECEDENT'S U (Give kind of wo life, Do NOT use	ork done durina mo	N at of working	18b. KIND OF BU	SINESS/INDUSTR	Υ
Elementary/Secondary (0-12)	College (1-4 or 5+)		cher		Ва	lto. Cit	tv
17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Middle, Maiden		,
Robert Rush Ake	ers			Ne:	llie T. Le	wis	
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
Robert A. Kirwan	20	b. PLACE OF DISPOSI			Balto Md 2	CATION — City or	Town, Stata
XiX Burial 2 Cramation 3 Real	movel from State	other place)					e, Maryland
21. SIGNATURAL SERVICES Dennis S. Xen 23. PART I. Enter the diseases, or	Ackis complications that cause		Mitche		efeld Home		ork Rd 21212
IMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. Orderio S.C. DUE TO (OR AS		Carolio.	-vaaen	lar dise	ase	Onset and Dea
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	c	A CONSEQUENCE OF					
PART II. Other algorificant conditions Chronic re hephrosele	Α .			cause given in	DEDECT	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIDE TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE MEFERRED TO MEDICAL	T		26PI	ACE OF DEATH (Ch	neck only one)		
EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Ou		OTHER:		8 Other (Specify)		
27. MANNER OF DEATH 1 Return 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY WC	URY AT RK? 'ES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED	
3 Suicide 8 Could not be determined	28a. PLACE OF INJUE	IY — At homa, farm, st ecify)	ireet, factory, offic		28f. LOCATION (Street City or Town, State		ral Route Number,
[Oneck only	SICIAN: To the best of my kno NER: On the basis of axaminati						se(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIEM TO THE TOTAL TO	egrega M)		29c. LICENSE NUI D 1365		≥ang	NED (Month, Day, Year) USC 7, 1990
30. NAME AND ADDRESS OF PERSON W	VNO COMPLETED CAUSE OF D	ROLAN		PLACE	,840 W.4	tokst.	Borro mazio
AUG 9 1990	July Davidson-R	indast.					DHMH-16 Rev

and Donald with the said of

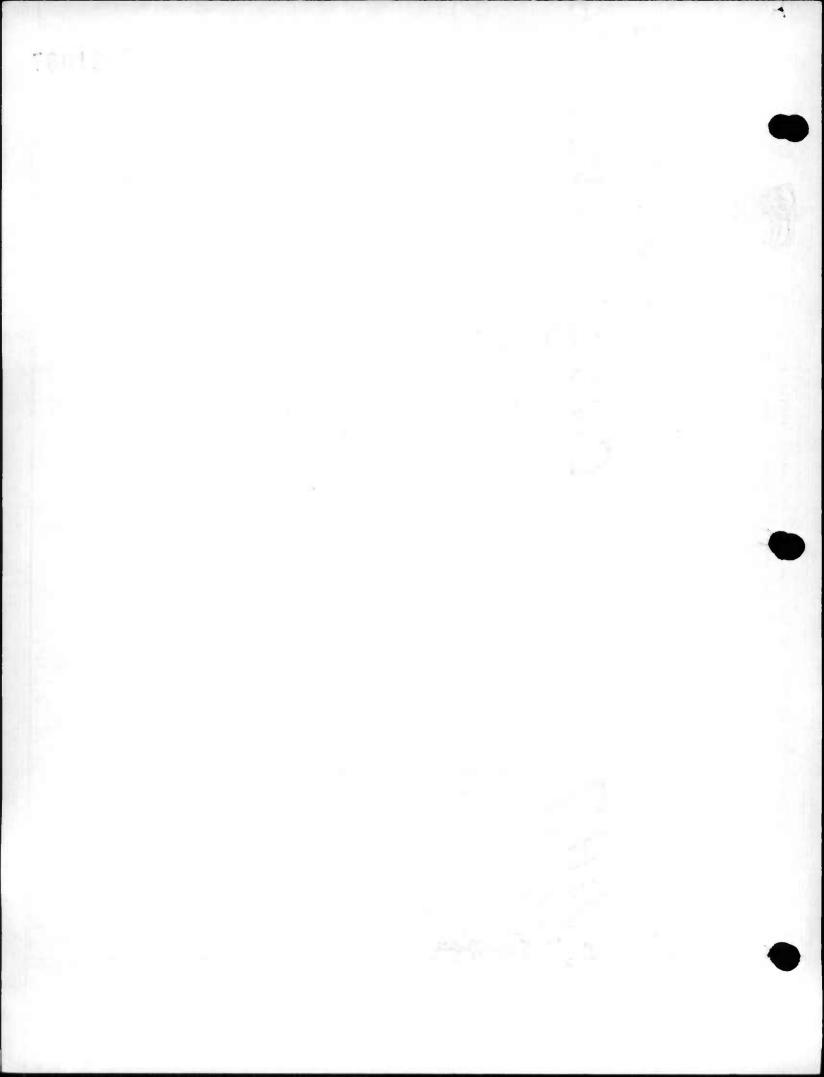
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OHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR
ETED BY PHYSICIAN: MEDICAL CERTIFICATION
TO BE COMPI

. DECEDENT'S NAME (First, Middle, Last						2 DATE	OF DEATH &	78 / 90		3. TIME OF OEATH
, and many man	CLARENC	E	v.	LI	NGG	MONT	2/3	3/0	YEAR	8:00 A.
SOCIAL SECURITY NUMBER		AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	/ T	8. BIRTH	PLACE (State or Foreign
212-03-8287	1 ☑ M 2 □ F	86	YRS.	MONTHS DAYS	HOURS MIN.	7 / 1 :	3/04		Country	RYLAND
FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN	OR LOCATION OF O			9c. COUN	ITY OF OE	
FREDERICK VILLA	NURSING HO	ME		CATON	SVILLE			BAL	TIMO	RE
a. STATE 10b. COUN	тү		10c, CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY
MARYLAND 1	BALTIMORE			BALTIMO	RE					1 TES 2 NO
STREET AND NUMBER 5215 OLD FREDERI	ICK ROAD			10	21229			1000	U.S.	A .
MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS OECEDENT FORCES? 1 IF YES, GIVE WAS	YES 24 N	MED IO	If yes, s	CENDENT OF HISPAI pecify Cuban, Mexico B 2X NO Specif	in, Puerto			14. RACE	— American Indian, White, etc.
15. DECEDENT'S ED	DUCATION	16a. DE	CEDENT'S	USUAL OCCUPATI	ON	161	, KINO OF BU	SINESS/IND	USTRY	
(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	Mo.	Do NOT us	vork done during m se retired.) E CLERK	ost or working		PRODU	CE		
FATHER'S NAME (First, Middle, Lest)					18. MOTHER'S NA	ME (First,	Middle, Maiden	Surname)		
MICHAEL LINGG					MARGAR	ET	HENLEY			
s. INFORMANT'S NAME (Type/Print)		191	b. MAILING	AODRESS (Street	and Number or Rural	Route Num	ber, City or Tox	m, State, Zip	Code)	
N. MARIE LINGG		5	215 (OLD FRED	ERICK RO	AD, B.	ALTIMO	RE, M	IARYL	AND 21229
a METHOD OF DISPOSITION A Burlel 2 Cremation 3 Re Donation 5 Other (Specify)	moval from State			ORAL CEM	metery, cremetory or IETERY					
SIGNATURE OF FUNERAL SERVICE	Witche			LERO 1630	EDMONDS	JSSEL ON AV	ENUE,	CATON	SVIL	NERAL HOME LE, MD. 21
										Onset end Dea
Sequentially list conditions, if sny, leading to immediate	DUE TO (C	OR AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS	DUENCE O							
Sequentially list conditions, f sm, leading to immediate scuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSEC	DUENCE O	F):						
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TIME IN.	26. I OTHER 4 Driving Ho E OF 28c. II JURY M 1 = street, factory, off	PLACE OF DEATH (C) THE 5 Residence JURY AT ORK? YES 2 NO Ce The and place, and du death occurred at the	theck only of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the call of the	PERFO 1 VES or (Specify) SCRIBE HOW CATION (Street or Town, State	INJURY Oc.	CURED or Rural F	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO



is the burial-transit permit. Pages 1, 2, 3 should

amprofing physician.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notined at once.

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTA	REG. NO.	•	
,	1. DECEDENT'S NAME (First, Middle, Lest)	ROLD L	EWIS			2. DATE		90	3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	8.1	BIRTHPLACE (State or Foreign
į	215-32-4827 9a. FACILITY NAME (If not institution, give st	1 ½ M 2 ☐ F 9() YRS.	MONTHS DAYS	HOURS MIN.	OCI	th, Day, Year)		MARYLAND
TOR	3623 SEVEN MILE		A	9b. CITY, TOWN OR LOCATION OF DEATH BALTIMORE					BALTIMORE
DIRECTOR	10a. STATE 10b. COUNTY	BALTIMORE	10e. CITY	10c. CITY, TOWN OR LOCATION BALTIMORE					10d. INSIDE CITY LIMITS? 1 YES 2 YNO
	10e. STREET AND NUMBER				ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	3623 SEVENMILE LA., APT. T—A 11. MARITAL STATUS 1				21208			USA	
B				If yes, sp	ENDENT OF HISPA neify Cuban, Maxic 2 NO Spec	an, Puerto		or No.— 14.	RACE — American Indian, Black, Whita, atc. Specify: WHITE
日	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S (Give kind of w	vork done durina mo	ON st of working	16	b. KIND OF BUS	INESS/INDUST	TRY
COMPLETED	Elamentary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us	RMACIST			ומגעת	MACY (DDUGG)
OM	17. FATHER'S NAME (First, Middle, Last)		FIRE	WINCIDI	18. MOTHER'S N	AME (First,			DRUGS J
BE C	BARNEY LEWIS				RC	SA	FRANK		
TO B	19a, INFORMANT'S NAME (Type/Print)			ADDRESS (Street a					
-	MRS. HELENE K. I			SEVEN MI					
	20a. METHOD OF DISPOSITION 1	oval from State	other place) HAR SINA		netery, crematory or				or Town, Stata ILLS, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AT	LEVINSC	N &E	ROS.,	INC.	
	23. PART L. Enter the diseases, or o	complications that cause	d the desth. Do n	not enter the mo	REISTERS	ch as ca	rdiac or respi	ratory arrest	, Approximate
	shock, or heart failure. IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	a. Mys	exer	levis	Lau	lur	e		Interval Between Onset and Death 24 tags can 25 yrs
N	Sequentially list conditions,	· apter	CONSEQUENCE OF		gardi	060	escul	as des	um 25 yrs
CATIC	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	A CONSEQUENCE OF	F):					
CERTIFICATION	that initiated events reaulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF	F):					
	PART II. Other significant condition	ne contributing to death t	out not resulting	in the underlyin	g ceuse given i	n Part i.	24a, WAS AN		24b. WERE AUTOPSY FINDINGS
DICAL	dupe		olins				PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC	- scars	nel trae	a Sign	ully	re_				1 TES 2 NO
NA I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	-		LACE OF DEATH (C	Check only	one)		
YSI	1 TES 2 NO	1 - Inpetient 2 - ER/Out			ne 5 🗆 Raaldence	_			
ву РН	27. MANNER OF DEATH 1 A Natural 8 Pending 2 Accident trivestigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM INJ	JURY WO	URY AT DRK? YES 2 NO	28d. D	EŞCRIBE HOW II	NJURY OCCUR	RED
_	3 Suicide 8 Could not be determined	26a. PLACE OF INJURY building, etc. (Spe	f — At home, farm, city)	atreet, factory, offic	a		CATION (Street a by or Town, State)	and Number or	Rural Route Number,
COMPLETED	(Crieck Orlly	ICIAN: To the best of my know ER: On the basis of examination							ause(a) and menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	natel	in , 1	ND	29g. LICENSE N	O C		≥ 8 /C	ANED Francis, Day, War)
임	30 MANE AND ADDRESS OF PERSON WIT	Oel Cou	rt K	ord	Ba	eke	mrl	ne	aryland
	31. DATE FILED (Morith, Day, Year) AUG 0 9 1990	FUND TOWN SELECT	MINISTER	,			•		12/208

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physici TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law re TO THE FUNERAL DIRECTOR: After this certificate has bee field within 72 hours after death with the State Dept IMPORTANT: If Item 28 is marked, or Item 23 si	

31. DATE FILED (Month, Day, Year)
AUG 0 9 1990

Y	FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPAR ERTIFI	TMENT OF H	EALTH AND DEATH		IYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Lest) FIGHTURE	Loga	n			2. DATE OF MONTH	DEATH DA	90	Sear 1. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 579-58-4174 9a. FACILITY NAME (If not institution, give st	1□M 3⁄37 49	st birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		ny, Year)	,1940	D. BIRTHPLACE (State or Foreign Country) Virginia
TOR	3419 Dodge Park			Landove		DEATH			nce George's
DIRECTOR		ce George's							10d. INSIDE CITY LIMITS? XX YES 2 \(\square\) NO
FUNERAL	3419 Dodge Park F	Rd. #102	OMED.	2	20785 ENDENT OF HISP	ANIC OBICING	Paralle Maa	Unit	en of what country?
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES 2 X	MP.	If yes, spe	ecify Cuban, Maxie	cen, Puerto Rice		or No-	4. RACE — American Indian, Black, Whita, etc. Specify: Black
COMPLETED	15. DECEDENT'B EDU (Specify only highest grade Elementary/Secondary (0-12) 10th	CATION 16a. DI (Completed) (College (1-4 or 5 +)	ECEDENT'S Give kind of v a. Do NOT us	USUAL OCCUPATION OF POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POLICE POL	st of working	16b. KII	5 00	Privat	
BE COM	17. FATHER'S NAME (First, Middle, Last) William Lovelace			TIOGSEV	16. MOTHER'S N	iame (First, Midd e Bark	fle, Maiden	Surname)	
10	190. INFORMANT'S NAME (Type/Print) Robert Logan		3419		rk Rd.	#102 L		Interior and	Maryland 20785
	20e METHOD OF DISPOSITION 20 Spuriel 1 Cremation 3 Rem 4 Donation 6 Other (Specify)	A A H	laca)	sition (Name of centry Memori	al Park		Lar	ndover	ty or Town, State Maryland
	21/SIGNATURE OF FUNERAL SERVICE U	1 Lial of	d.	7474	Landove	er Rd.	Lando	ver,	FuneralHome Maryland 20785
	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on each lin-	Two	Coulo	INTOXIC.	ATTON			st, Approximate Interval Between Onset and Death
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO (OR AS A CONSE	OUENCE OF	F):					
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (DR AS A CONSE	OUENCE OF	F):					
MEDICAL	PART II. Other algorificant condition	se contributing to death but not	resulting	in the underlying	g cause given i		e. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE BEPERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (_	-
BY PHYS	27. MANNER OF DEATH 1 Metural 6 Pending	1 Inpatient 2 ER/Outpatient 28s. DATE OF INJURY (Month, Day, Year)	26b. TIM	IURY WO	IURY AT DRK? YES 2 ND			NJURY OCCI	URED
ED	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At h building, atc. (Specify)	ome, farm,	street, factory, offic	•		ON (Street lown, State)		or Rural Route Number,
COMPLET	one)	ICIAN: To the best of my knowledge, d ER: On the basis of exemination and/or							
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	Lugas M)			29c. LICENSE N	UMBER 23	D	29d. DATE	SIGNED (Month, Day, Year)

errores processes in a contrast figure 2

31. DATE FILED (Month, Day, Year)
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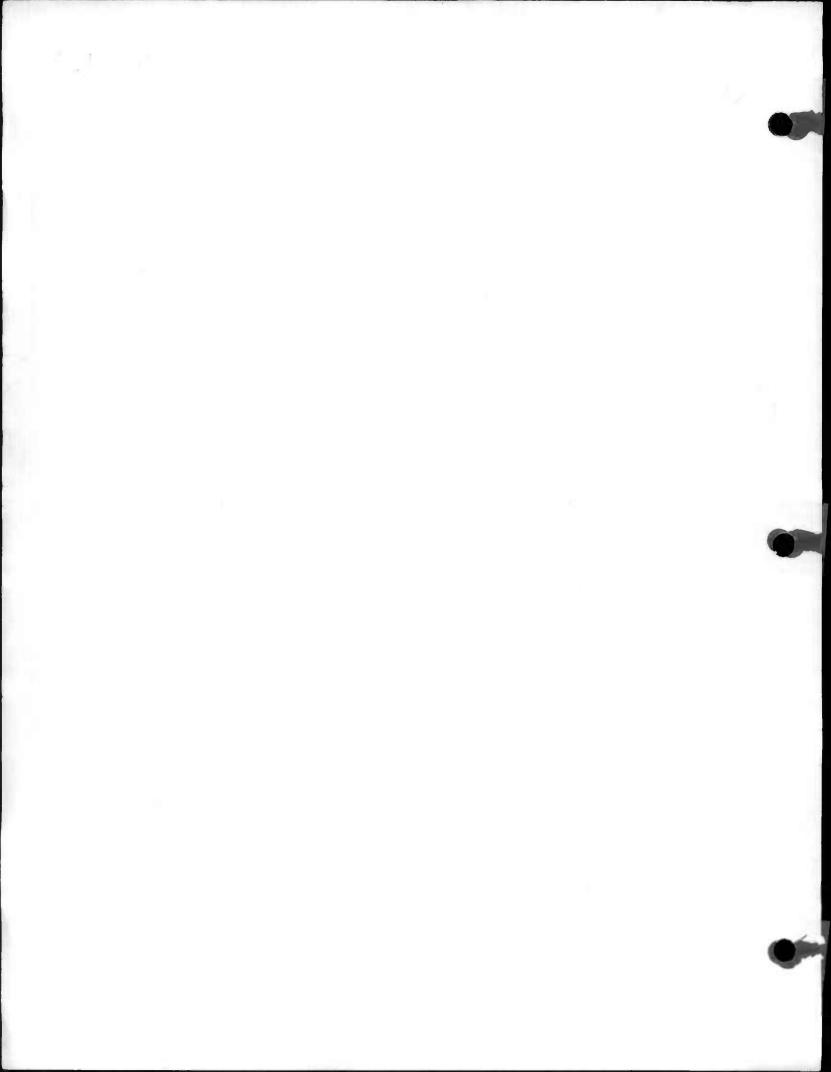
		FOR
1	_	STATE
	_	REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	OINIE OI III				DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)						MONTH	OF DEATH DA	y y	EAR	TIME OF DEATH
Edo		Mondo	-		SR.		4-90		_	11:28PM M
4. SOCIAL SECURITY NUMBER 219-01-1942	5. SEX 1 M 2 F	8. AGE (In yrs. lest birthde	MONTH	B DAYS	HOURS MIN.	7. DATE (Month	DE BIRTH - 20 - 2	0	BIRTHPL Country)	MD
9s. FACILITY NAME (If not institution, give	street and number)		9b. CI	TY, TOWN O	R LOCATION OF E			9c. COUNTY	OF DEA	гн
1330 Kenhill Av	renue		В	altim	ore Cit	V				
RESIDENCE OF DECEDENT										
10e. STATE 10b. COUNT	Υ		-	IMOR	E, CIT	Υ				INSIDE CITY LIMITS? YES 2 NO
100. STREET AND NUMBER	0e. STREET AND NUMBER			101.	ZIP CODE 21213			10g. CITIZEI	US A	AT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	EVER IN U.S., ARMED VES 2/ NO AR OR DATES	1	I3. WAS DEC	ENDENT OF HISPA city Cuben, Mexic 2 NO Spec	en, Puerto F	? (Specify Yea lican, etc.)	or No — 14	RACE - Black, \ Specify:	American Indian, White, atc.
17. FATHER'S NAME (First, Middle, Lest)		1 17721		. 5 011	18. MOTHER'S N		Aiddle Maiden	Surname)		
EDGAR JOHN MO	NDOMNEY				LOTTI		LEET	-universely		
190. INFORMANT'S NAME (Type/Print) EDNA MONDOW		19b. MARL	INO ADDR	ESS (Street a	nd Number or Rure	I Route Numi	ber, City or Tow	n, State, Zip Co	ode)	21213
20s. METHOD OF DISPOSITION 1 💢 Burlel 2 🗆 Cremetion 3 🗆 Res		20b. PLACE OF DIS	POSITION	(Name of cer	netery, crematory or		20c. LO	CATION — CH	y or Town	
4 Donation 5 Other (Specify)	ICENSEE	DALIIM			ID ADDRESS OF I	FACILITY	טאנ	. 1 1 1101	() !	10.
21. SIGNATURE OF FUNCHAL SERVICE L	ICENSEE		1							
Dlalug	War	مع		WM.C	. MARC	H F.	H. 11	.01 E	-N(ORTH AVE
23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. List only one cau Arteri		car							Interval Between Onset and Dasti
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	(OR AS A CONSEQUENC								
resulting in destil) Exst	d									<u> </u>
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions are conditionally in the conditional conditions.	ona contributing to	death but not result	ing in the	underlyin	g ceuse given	In Part I.	24a. WAS AN PERFO	RMED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? I YES YET NO
							INSP	ECTION		
25. WAS CASE REFERRED TO MEDICAL			_	28. P	LACE OF DEATH (Check only o				
EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3 ☐ DO		HER:						
27. MANNER OF DEATH	28e. OATE OF (Month, D	INJURY 28b	TIME OF	28c. IN.	ne 5 Nasidenc IURY AT DRK? YES 2 NO	~	SCRIBE HOW	INJURY OCCU	RED	
2 Accident Investigation	28a. PLACE C	OF INJURY — At home, 1st atc. (Specify)	rm, street,			281. LOI City	CATION (Street or Town, State	and Number o	r Rural Ro	ute Number,
Check only		f my knowledge, death or								and manner as stated.
296. SIONATURE AND TITLE OF CORTIF	med.	11			29c. LICENSE I	OME		29d. DATE	8 - 5	Month, Day, Year)
30. NAME AND ADDRESS OF PERSON N MARGARITA A. KO		SE OF DEATH (ITEM 27)	(Type, Print)		111 Peni	n Str	eet,Ba	ltimor	e,M	21201

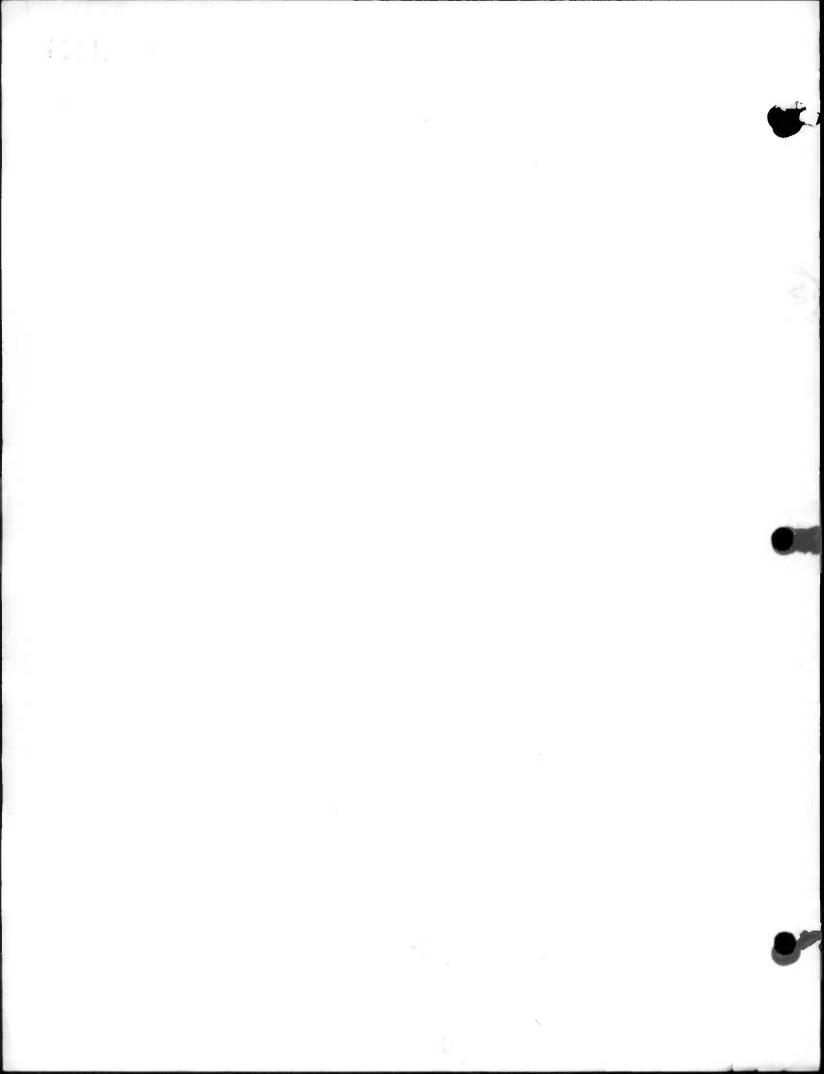
the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 urs after death. Page 6 may be IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within which after death. Page 6 may to THE FUNERAL DIFECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral difference of fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,



DHMH-16 Rev 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed witthin 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DR A	DIRE	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	me
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF HEA		L HYGIENE REG. NO.	AR
	1. DECEDENT'S NAME (First, Middle, Lest)	R	MILLER	2. DATE	OF DEATH DAY	YEAR 3. TIME OF DEATH
	" " / (iQh)	5. SEX 8. AGE (in yrs. last		F UNDER 24 HRS. 7. DATE (Mon	OF BIRTH th, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
FOR	9a. FACILITY NAME (If not institution, give stre	et and number) W - H -	96. CITY, TOWN OR I			ITY OF DEATH
DIRECTOR	10e. STATE 10b. COUNTY		Balto			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER	altimore	St 101. 21	2/223	10g. CITI	ZEN OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Diverced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	NO If yes, specif	DENT OF HISPANIC ORIGI y Cuban, Maxican, Puerto X NO Specify:		14. RACE — American Indian, Black, White, etc. Specify: Black
PLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	ompleted) (G	CEDENT'S USUAL OCCUPATION ive kind of work done during most of Do NOT use retired.)		b. KIND OF BUSINESS/IND	USTRY
COMPLET	17. FATHER'S NAME (First, Middle, Last)			B. MOTHER'S NAME (First,	Middle, Malden Surname)	
TO BE	19e. INFORMANT'S NAME (Typo-Pring!)	19/	b. MAILING ADDRESS (Street and	N	nber, City or Town, State, Zip	(Code)
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Remove		OF DISPOSITION (Name of comete	trus Cert	20c. LOCATION -	City or Town, State SUITE, Md
	21. SIGNATURE OF FUNERAL SERVICE LICE	Heron	22. NAME AND Mar	ADDRESS OF FACILITY	west vabash &	fee,
2	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ist only one cause on each line	s cell caso			Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSE				
SERTI	that initiated events resulting in deeth) LAST		53967.0			
MEDICAL O	PART ii. Other significent conditione	contributing to death but not	resulting in the underlying o	ause given in Part I.	24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:		HOSPITAL:	OTHER:	5 Residence 6 Ott		
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. INJURY WORK	Y AT 28d. 0	ESCRIBE HOW INJURY OC	CURED
ETED B	2 Accident investigation 3 Sulcide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, factory, office		CATION (Street and Number y or Town, State)	r or Rural Route Number,
COMPLE	(Orlock Orly)	CIAN: To the best of my knowledge, do				
BE	29b. SIGNATURE AND THE OF CERTIFIER	ATTS	1012- WD	9c. LICENSE NUMBER	29d. DAT	E SIGNEO (Month, Day, Year)
101	30 NAME AND ADDRESS OF PERSON WHO	2434	EM 27) (Type, Print) BEL	SREASY	AVE. BA	21215-5299
	31. DATE FILED (Month, Day, Year) AUG 0 9 1990	32. REGISTRAR'S SIGNATURE	la Ma			



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	6	ER	In 7	2
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or ren	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medi
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	=	F	100	로
	2	2	2	=

MEDICAL CERTI

BY PHYSICIAN:

COMPLETED

BE

2

	FOR 1 - STATE REGISTRAR	STATE OF MARYL					E	
	1. DECEDENT'S NAME (First, Middle, Last) SUZANNE	MILLIGI			Iligan	2. DATE OF DEATH	90	3. TIME OF DEATH 8608 A M
	4. SOCIAL SECURITY NUMBER 139-20-8/92	1 🗆 M 2 💢 F	(In yrs. lest birthdey) 65 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year)	5 Colu	mBIA, S.C.
TOR	KEY CIRCLE H	OSPICE					BAL-	to City
DIREC		Y				LAND		10d. INSIDE CITY LIMITS? 1 YES 2 NO
NERAL					2121		10g. CITIZEN OF W	A
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, sp	ecify Cuban, Mexica	in, Puerto Rican, atc.)	14. RACE Black Specifi	- American Indian, White, etc. A: BLACK
101			16a. DECEDENT'S	Work done during me	ON oat of working	16b. KIND OF BUS	SINESS/INDUSTRY	
IPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)						
ы	17. FATHER'S NAME (First, Middle, Lest) LANIPUTH MIL	LIGAN			18. MOTHER'S NA	ME (First, Middle, Malden HELIA	Sumame)	R
	WILLAM R	obinson	17/	V, BR	UCE S	Route Number, City or Tow	n, State, Zip Code)	201323
E E	4 Donation 6 Other (Specify)	noval from Stata	other place)	ERN S.	tar C	Rm. Cr	CATION — City or To	ILE, Md.
	21. SIGNATURE OF FUNDAM SERVICE LI	Harry .					FH 1101 St	Baltu Ad
edica	23. PART 1: Enter the diseases, or shock, or heart failure.	List only one cause on e	each iina.					Approximata Interval Between
ŝ	IMMEDIATE CAUSE (Final disease or condition	CALC	10000	up	£501	0/tnau	1	Onset and Death
went,	resulting in death)							Ladel
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b DUE TO (OR AS	A CONSEQUENCE	DF):				
THE THE	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE	DF):				
	ed at once. BE COMPLETED BY FUNERAL	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) 1. DECEDENT'S NAME (First, Middle, Last) 1. DECEDENT'S NAME (First, Middle, Last) 1. DECEDENT'S NAME (First, Middle, Last) 1. DECEDENT HAVE 1. MARTIAL STATUS 1. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) 19. INFORMANT'S NAME (First, Middle, Last) 19. INFORMANT'S NAME (First, Middle, Last) 20. METHOD OF DISPOSITION (P) Burlal 2 (Cremation 3 (D) Rem (D) Burlal 2 (Cremation 3 (D) Rem (D) Burlal 2 (D) Cremation 3 (D) Rem (D) Burlal 2 (D) Cremation (D) Burlal (D) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE 1 M 2 F	1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 1	THE STATE REGISTRAR CERTIFICATE OF I. RECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SEX Se. FACILITY NAME (If not institution, pive street and gumber) FESHDENCE OF DECEDENT 10e. STATE 10e. CITY, TOWN OR LOCA BALTINOR 10e. STATE 11. MARTIAL STATUS 10e. STATE 11. MARTIAL STATUS 11. MARTIAL STATUS 12. WAS DECEDENT STUDY OR DIFFER TO THE STATE 13. WAS DECEDENT'S EDUCATION 14. MARTIAL STATUS 15. DECEDENT'S EDUCATION 16. STATE 17. FATHER'S NAME (First, Middle, Last) 18. DECEDENT'S SUBJECT OR DIFFER TO THE STATE 19. NOT USE INCIDENT OR DIFFER TO THE STATE 19. NOT USE INCIDENT OR DIFFER TO THE STATE 19. NOT USE INCIDENT OR DIFFER TO THE STATE 19. NOT USE INCIDENT OR DIFFER TO THE STATE 19. NOT USE INCIDENT OR DIFFER TO THE STATE 19. NOT USE INCIDENT OR DIFFER TO THE STATE 19. NOT USE INCIDENT OR DIFFER TO THE STATE 19. NOT USE INCIDENT OR DIFFER TO THE STATE 19. NOT USE INCIDENT OR DIFFER TO THE STATE 19. 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Do not enter the INCIDENT OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE ST	THE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middin, Last) 4. SOCIAL SECURITY MUMBER 4. SOCIAL SECURITY MUMBER 5. SEX 8. AGE (In yrs. list birthday) 9b. CITY, TOWN ON LOCATION OF DISPOSITION (In mistration, give stynet and gumber) 9c. FACILITY MAME (If no institution, give stynet and gumber) 10c. CITY, TOWN ON LOCATION OF DISPOSITION (In yes, specify Cuben, Medic. 1 YES 2 NO Specific or with mistration of path of the disease or compilition) 11. MARD OCCEDENT'S EDUCATION (In yes, specify Cuben, Medic. Last) 12. MAS OCCEDENT'S EDUCATION (In yes, specify Cuben, Medic. Last) 13. MAS OCCEDENT'S EDUCATION (In yes, specify Cuben, Medic. 1 YES 2 NO Specific or with mistration of path of the disease, or compilication at hat caused the death. Do not enter the mode of dying, such that caused the death. Do not enter the mode of dying, such mistring in death) 10c. TY. FATHER'S NAME (First, Middin, Last) 10c. METOLO OF DISPOSITION (In the mistric) 10c. TY. FATHER'S NAME (First, Middin, Last) 10c. DISPOSITION (In the mistric) 10c. DISPOSITION (In the mistric) 10c. DISPOSITION (In the mistric) 10c. TY. FATHER'S NAME (First, Middin, Last) 10c. DISPOSITION (In the mode of dying, such mistric) 10c. DISPOSITION (In the mistric) 10c. DISPOSITION (In the mistric) 10c. 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resulting in death) LAST

27. MANNER OF DEATH

Natural
Accident

3 Suicide

4 Homicide

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 TYES 2 NO

5 Pending Investigation

296. SIGNATURE AND TITLE OF CERTIFIER

HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA

OTHER:
4 Solvering Home 5 Residence 6 Other (Specify)

28a. DATE OF INJURY (Month, Day, Year) 28d. OESCRIBE HOW INJURY OCCURED 28b. TIME OF 28c. INJURY AT WORK? M 1 YES 2 NO 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State)

26. PLACE OF DEATH (Check only one)

29c. LICENSE NUMBER

6 Could not be determined 29a. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.

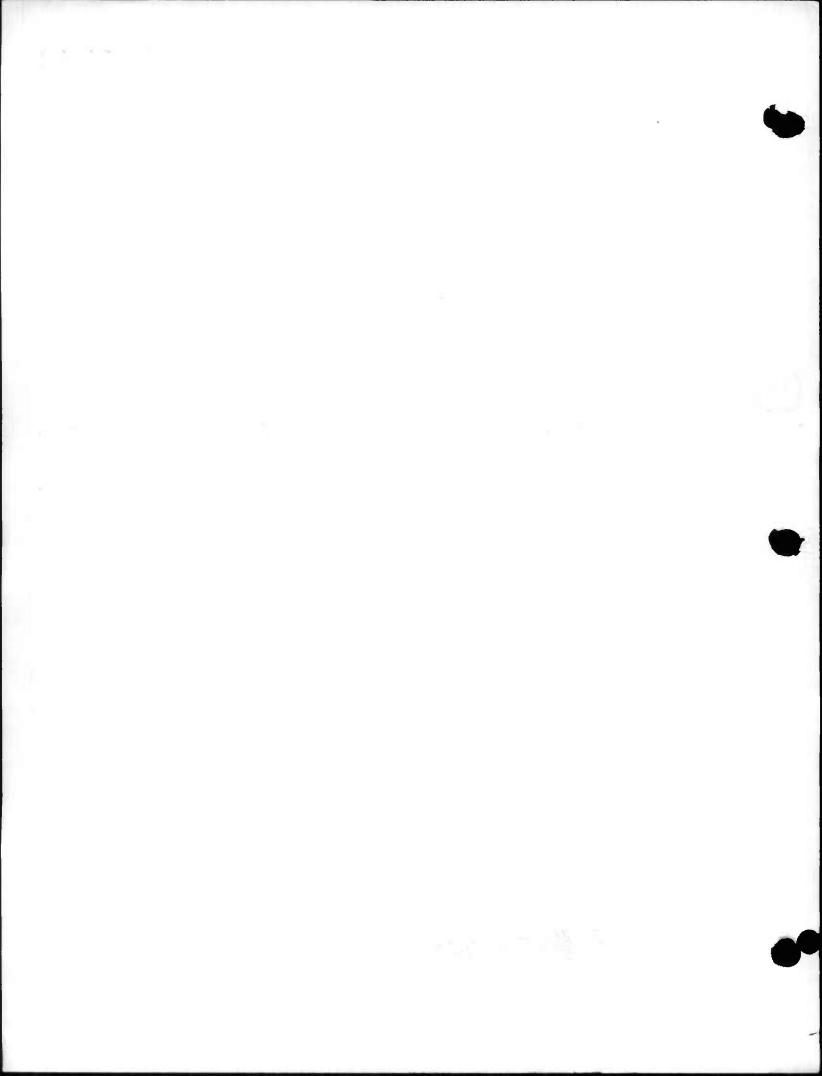
2 📩 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(a) and manner ee stated.

A SIDHU. OND

29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)





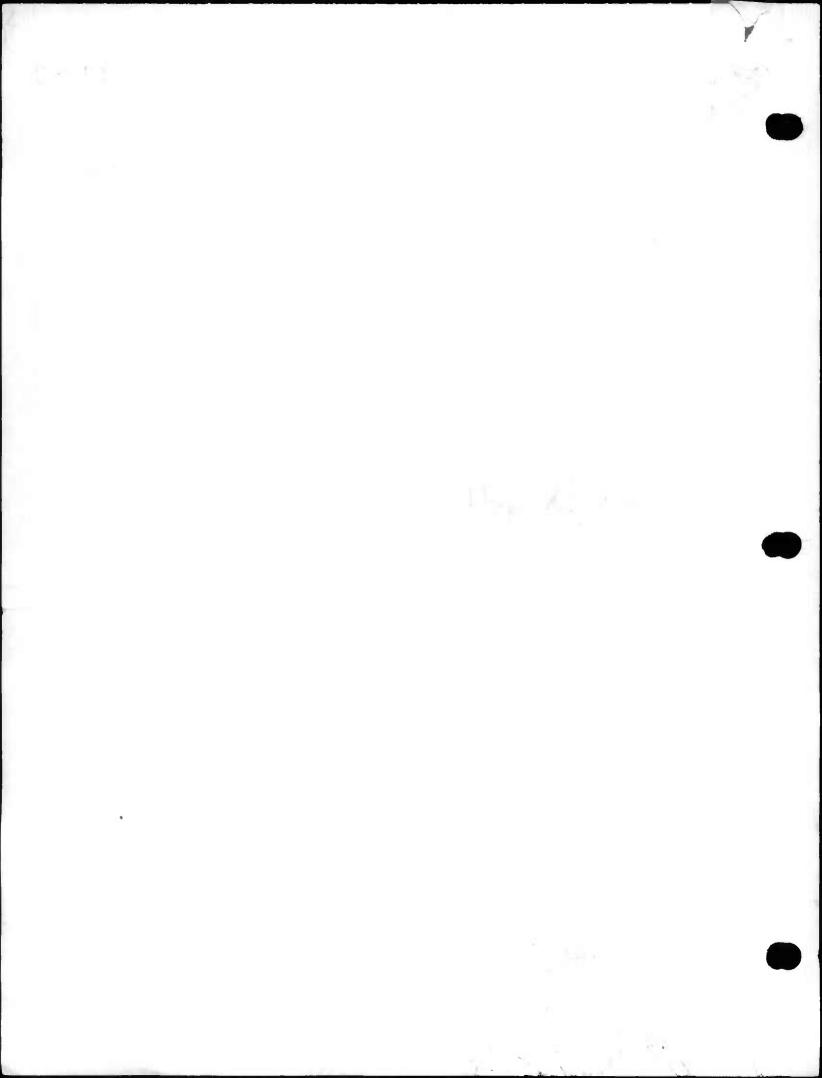
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

AUG 09 199

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1	FOR STATE REGISTRAR	STATE OF M		DEPARTE					MENTAL HYGI REG. I		20	21050
	1. DECEDENT'S NAME (First Mirrito Last) Alice S.	Mer	gardt						2. DATE OF DEATH	DAY		7:45 A M
1	4. SOCIAL SECURITY NUMBER 218-44-6958 1 M X F 88 VRS.				IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	(Menth, Ray, Year)		ACE (State or Foreign Yland	
Ì	9a. FACILITY NAME (If not institution, give street	and number)			9b. CITY	, TOWN O	R LOCATI	ON OF DE	ATH	9c. CO	UNTY OF DEA	
	CHURCH HOSPITA	L CORE	ORATI					RE	CITY			· · · · · · · · · · · · · · · · · · ·
						TY, TOWN OR LOCATION BALTIMORE CITY						Od. INSIDE CITY LIMITS? YES 2 NO
	100. STREET AND NUMBER 3109 Weaver A	venue		# der		101	ZIP COD	€ 21214	4		ited S	at country? States
	11. MARITAL STATUS 1 Never Merried 2 Married 3 XXWIdowed 4 Divorced	FORCES? 1 I IF YES, GIVE W	YES 2 X	RMED NO		If yes, spe		n, Maxica	NIC ORIGIN? (Specify in, Puarto Rican, atc.		14. RACE Black, 1 Specify:	- American Indian, White, atc. White
	15. DECEDENT'S EDUCATI (Specify only highest grade con		SS	ECEDENT'S Give kind of w s. Do NOT us	USUAL Or ork done	CCUPATIO	N et of world	ng	16b. KIND OF	BUSINESS/II	IDUSTRY	
	12		Н	ousew	ife							
1	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Middle, Mai	den Surname)	_	
ı	Joseph	J.		yth				Emma		₹	Jone	es
19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street								112000				
Robert W. Mergardt 9 Gray Drive Pasadena, Maryland 21122												
	20s. METHOD OF DISPOSITION 1											
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Milton	J Knigh	t Jr				. Ru	ck, Inc.	212 ¹ 5305 H		d Road
	23. PART I. Enter the disease or com- shock, or heert fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	plications that t only one caus	daysed the die on each lin	eath. Do n	ot snter	the mo	de of dy	ring, suc	h ss cardisc or r	epiratory s	rrest,	Approximate Interval Between Onset and Death
	DUE TO (OR AS A CONSEQUENCE OF):											
	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSE	EOUENCE OF	7):						-	
	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONSE	EOUENCE OF	7):							
1	PART II. Other significant conditions of	ontributing, to	death but not	resulting	n the u	nderlyin	ceuse	given in	Part I. 24s. WA	AN AUTOPS		VERE AUTOPSY FINDINGS
ı	PERFORMED? 1 YES 2 NO AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?											
	Diffusion 1 yes 2 No OF DEATH?											
	25. WAS CASE REFERREO TO MEDICAL 26. PLACE OF DEATH (Check only one)											
ı	EXAMINER? MOSPITAL: OTHER: OTHER: 1 PRESSED PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTION PRODUCTIO											
1	27. MANNER OF DEATH	26a, DATE OF (Month, De	INJURY IV. Year)	26b. TIM	E OF URY		URY AT		28d. DESCRIBE H	OW INJURY C	CCUREO	
1 Netural 5 Pending 2 Accident Investigation												
	3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE Of building,	FINJURY — At I	nome, farm, i	street, fac	tory, offic	•		261. LOCATION (SI City or Town, S		ber or Rural Ro	ute Number,
	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL EXAMINER:											and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	\cap	7/10 h	40-			29c. LIC	CENSE NU	MBER	29d. D	ATE SIGNEO	Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO CO					I BR	OAD	WAY	BALTIM	ORE,	MD.	21231
-1												



mit. Pages 1. 2, 3 should

1.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL	HYGIEN	E		
	1. DECEOENT'S NAME (First, Middle, Last) Betty L	. Myers				2. DATE C		8, 1 5	3. TIME OF DEATH 990 4/30 / M	
ì	4. SOCIAL SECURITY NUMBER 212-34-9928	8. SEX 6. AGE (MOI	UNDER 1 YEAR ITHS DAYS	# UNDER 24 HRS. HOURS MIN.		F BIRTH Day, Year) -8-1	(BIRTHPLACE (State or Foreign Country) Maryland	
OR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEAT 883 Nothfield Rd. Pasadena Baltime									
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ON				10d. INSIDE CITY	
	Md. Ba	altimore		Pasa	adena				LIMITS? 1 ☐ YES 2 ☑ NO	
RAL	10e. STREET AND NUMBER			101.	ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	883 Northfie	1d Rd.	U.S. ARMED	13. WAS DEC	27722 ENDENT OF HISPAN	IC ORIGIN?	(Specify Yea	or No.— 14.	RACE — American Indian,	
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES		If yes, spe	celfy Cuberi, Mexicar 2 MO Specify	n, Puarto Ri			Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16a. DECEDENT'S USI	done during mos		16b.	KIND OF BUS	INESS/INDUST		
LE.	Elementary/Secondary (0-12) 8 th	Collage (1-4 or 5+)	ille. Do NOT use re	,			7.7			
NO.	17. FATHER'S NAME (First, Middle, Last)		Homem	aker	16. MOTHER'S NAI	ME (First, M		OM C Sumame)		
BE C	Henry A. Tu	mer			Elai	ne M	. Ha	rris		
2	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural F					
Mr. Robert H. Wyers 1 803 Northield R. Pasadena. Md. 21										
	20a METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Reme 4 Donation 8 Other (Specify)	wal from State	Parkwoo	d Cem	etery			alto.		
	21. SIGNATURE OF FUNERAL SERVICE LIC	FISEE			tley Mi	JIIV	Fin	omol 1	Uomo	
	Hartly V	Ulli		752'	Harfo	rd F	d. B	alto.	. Md. 21234	
	IMMEDIATE CAUSE (Finsi disease or condition	List only one cause on e					iec or respi	retory erreet	Approximate Interval Between Onset and Death	
	resulting in desth)	DUE TO (OR AS /	CONSEQUENCE OF):		79				7	
N	Sequentially list conditions,	b	COPO						725	
XTE	if any, leading to immediate cause. Enter UNDERLYING	DOE TO (OH AS A	CONSEQUENCE OF):	UD					445	
Ē	CAUSE (Disesse or injury that initiated events	DUE TO (OR AS /	CONSEQUENCE OF):				_			
CERTIFICATION	resulting In death) LAST	d								
AL.	PART ii. Other significent condition	s contributing to deeth b	out not resulting in t	he underlying	ceuse given in	Part I.	24a. WAS AN PERFOR	MED?	24b, WERE AUTOPSY FINDINGS AMILLABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?	
ME						-			1 TYES 2 NO	
25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 21 NO 26. PLACE OF OEATH (Check only one) 27. MANNER OF DEATH 28. DATE OF INJURY (Month, Day, Year) 28. TIME OF 28. INJURY AT WORK? 28. DATE OF INJURY (Month, Day, Year) 28. TIME OF 28. INJURY AT WORK? 28. DESCRIBE HOW INJURY OCCURED										
M 1 YES 2 NO							CRIBE HOW I	W INJURY OCCURED		
	2 Accident investigation 3 Suicide 6 Could not be datarmined	28a. PLACE OF INJURY building, atc. (Spe	Y — A1 home, farm, stre	et, factory, offic		281. LOCA City o	ATION (Street or Town, State)	and Number or	Rural Route Number,	
COMPLETED	one)	CIAN: To the best of my know							ause(a) and menner as stated.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	1 frame	Mx	2	29c. LICENSE NUI			29d. DATE 8	IGNED (Month, Day, Year)	
٩	30. NAME AND ADDRESS OF PERSON WH		EATH (ITEM 27) (Type, Pr	int)	01101			0/7		
	31. DATE FILEO (ATU6" 0'9 199		NATURA Pandella							

W. S.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other tranmatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146

-	FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YEAR	3. TIME OF OEATH		
		CATHERINE PA	AULINE	MYERS		AUG. 4, 7	990 YEAR	11:55PM M		
	4. SOCIAL SECURITY NUMBER 5. S	= 0.5	s. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	T DATE OF BIOTH	6. BIRT	THPLACE (State or Foreign		
	219-28-8512	M 2XXF 57	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 1 → 4 → 1933	MA	(ŘÝLÁND		
	9a. FACILITY NAME (If not institution, give street as				R LOCATION OF OE		9c. COUNTY OF	DEATH		
8	Francis Scott Key	Medical Cer	nter	Balt	imore Ci	Lty				
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY		
E	MARYLAND BALTI	MODE	1		UNDALK			LIMITS?		
ا رّ	10e. STREET AND NUMBER	MORL			ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
FUNERAL DIRECTOR	7952 ST. CLARE LAN	IE.			212	22		U.S.A.		
3	11. MARITAL STATUS 12. 1	WAS DECEDENT EVER IN U.S	S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Ye		CE — American Indian, ick, White, etc.		
B≺	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TYES 2 F YES, GIVE WAR OR DATES	X XNO	1 Tyes, sp	2 NO Spec/fy	n, Puarto Rican, etc.)	Spi	WHITE		
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp.	N 16r	n. DECEDENT'S	USUAL OCCUPATION	N st of working	16b. KINO OF BU	ISINESS/INDUSTRY			
<u> </u>	Elementary/Secondary (0-12) Col	llege (1-4 or 5+)	life. Do NOT us	se retired.)	•					
M		N/A	VIS	ABLED			AL SECUR	RITY		
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meider	Sumame)			
BE	PETER BURY 19a. INFORMANT'S NAME (Type/Print)		T 105 MAILING	ADDRESS (Cloud		WONKOWICZ Poute Number, City or To				
임	PATRICIA LEAHEY					BALTIMORE.		ND 21222		
	20a, METHOD OF DISPOSITION	20b. Pl.		SITION (Name of cer			DCATION — City or			
	1 Buriel 2 Cremation 3 Removal 5	rom State OAK	LAWN (CEMETERY	8-8-19	90 BAI	TIMORE.	MARYLAND		
	21. SIGNATURE OF JUNERAL SERVICE LICENSE			22, NAME AL	D AODRESS OF FA	ERAL HOME	AT OUT	111/ 7110		
	»('h-12/-	til 1		JUUVA-	KUCK FUNI	EKAL HUME NUE DUNDA	UF VUNUA	21222		
	23. PART I. Enter the diseases, or comp	ilications that caused th	a daath. Do					Approximate		
	shock, or heert fallure. Liet	only one ceuse on each	line.		•	-		Interval Between Onset and Death		
	IMMEDIATE CAUSE (Fine) disease or condition	Arterioscl	erotic	cardiov	accular (disease				
	resulting in death) e	DUE TO (OR AS A CO			ADOULUL (
Z	Sequentially list conditions, b.									
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	INSEQUENCE O	IF):						
5	CAUSE (Disease or Injury C. —	DUE TO (OR AS A CO	NSEQUENCE O	F1:						
	that initieted events resulting in death) LAST	,		-,-						
	0									
DICAL	PART II. Other algnificent conditions co		not resulting	in the underlyin	g cause given in		N AUTOPSY 2 PRMEO?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
Did	Diabetes Mellitu	เร				XX YES	2 🗆 NO	COMPLETION OF CAUSE OF DEATH?		
Z						_		XX YES 2 - NO		
Z										
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:		OTHER:	LACE OF DEATH (Ch					
14S	27. MANNER OF DEATH	Inpatient 2 XXR/Outpatie	28b. Til		e 5 □ Residence	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURED			
	XXXNatural 5 ☐ Pending	(Month, Day, Year)			PRIC?		274			
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY —		street, factory, offic		28f. LOCATION (Street		al Route Number,		
TED	4 Homicide determined	building, atc. (Specify)				City or Town, State))			
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN	: To the best of my knowleds	ga, death occur	red at the time, date	and place, and due	to the cause(a) and m	anner as stated.			
OM	MEDICAL EXAMINER: Or	the basis of examination ar	nd/or investigati	on, in my opinion,	leath occured at the	time, date and place,	and due to the caus	e(a) and manner as stated.		
	29b. 1-DNATURE AND TITLE OF GENTIFIER	1/ .			29c. LICENSE NU	MBER		IED (Month, Day, Year)		
) BE	mucho me	Krell			OCM	E	•	8-5-90		
2	30. NAME AND ADDRESS OF PERSON WHO CO		1 (ITEM 27) (Typ		nn Chas-	± Dol±i	MD 21	201 ***		
	MARGARITA A. KOREI		IDE		III Stree	t,Baltimo	-e,MD ZI	201 vc		
	31, DATE FILED (Month AUG") 0 9 19	32. REGISTRAR'S SIGNATU	on-Band	ell.						

BALTIMORE, MARYLAND 21203-3146	ars after death. Page 6 may be retained by the hosping and physical	In by the funeral director, page 5 should be detached the funeral are bunit removal.	redical examiner must be notified at once.	TO BE COMPLETED BY FI
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 , crs after death. Page 6 may be retained by the hose of a second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach. The buria be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

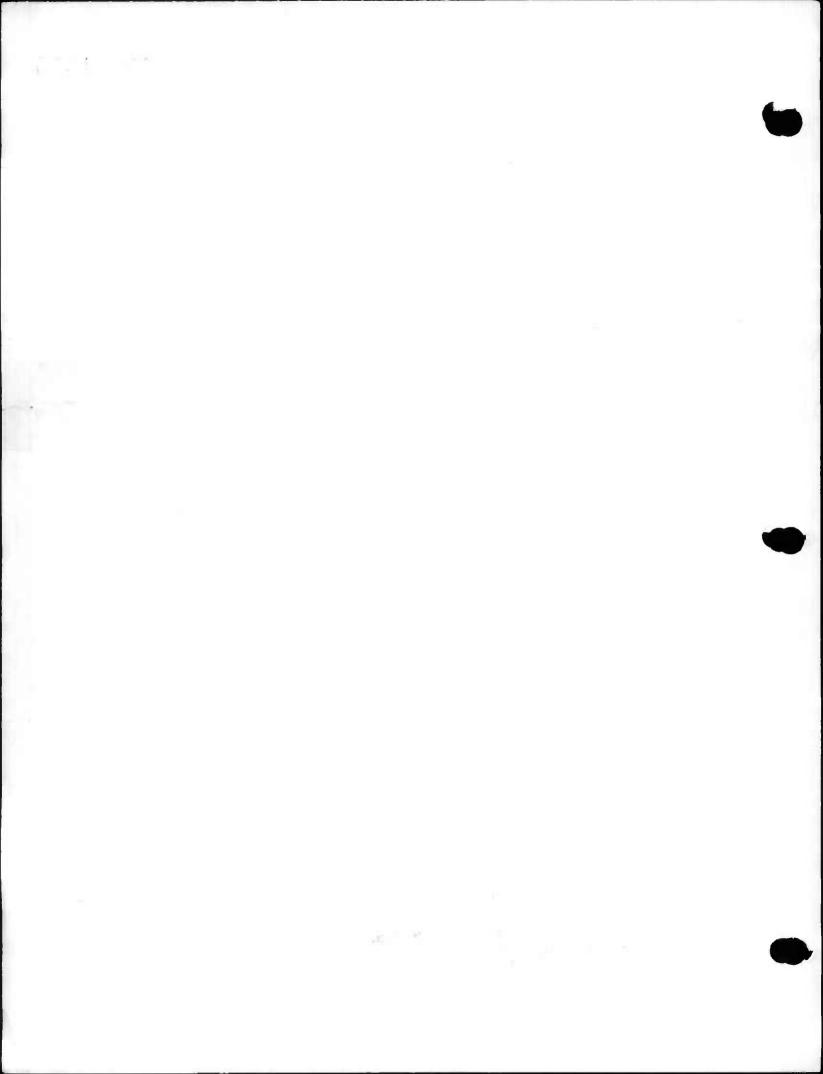
	FOR 1 - STATE	STATE OF MARYL		MENT OF HEALTH AN		50 210	30			
	REGISTRAR 1. DECEOENT'S NAME (First, Middle, Last)	OLDEN	CERTIFIC	ALE OF DEATH	2. DATE OF OEATH MONTH DA	Y YEAR 3. TIME OF DEATH	0.4			
	4. SOCIAL SECURITY NUMBER		in yes. lest birthday) II	UNDER 1 YEAR IF UNDER 24 HI	08 / 03	5/1990 12:10 8. BIRTHPLACE (State or For	DAM			
	119-18-8085	1 🗆 M 2 💢 F	69 YRS. MC	NTHS DAYS HOURS MI	N. (Month, Day, Year)	2 NEW YORK				
_ 1	9a. FACILITY NAME (If not institution, give a	•		b. CITY, TOWN OR LOCATION O		9c. COUNTY OF DEATN				
힏	SINAI HOSPITAL OF BALTIMORE BALTIMORE									
[[[]	10a, STATE 10b, COUNTY	1	10c, CITY, 1	OWN OR LOCATION		10d. INSIDE CITY				
DIRECTOR	MARYLAND			BALTIMO	RE	LIMITS?				
FUNERAL	100. STREET AND NUMBER 5611 PIML	ICO ROA	D	10f. ZIP CODE	209	10g. CITIZEN OF WHAT COUNTRY?				
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Year or No — 14. RACE — American FORCES? 1 YES 2 KINO If yes, apacity Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Black, White, etc.									
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:									
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of twork done during most of working life. Do NOT use retrieval.) 16b. KIND OF BUSINESS/INDUSTRY									
PLET	Elementary/Secondary (0-12) College (1-4 or 8+)									
	TEACHER ROSEWOOD STATE HOST 17. FATNER'S NAME (First, Middle, Leat) SAMUEL DICKLER 18. MOTNER'S NAME (First, Middle, Malden Surmame)									
	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
	EDWIN G. OLDEN 5611 PIMLICO RD. BALTIMORE, MD 21209									
	20a_METNOD OF DISPOSITION 1									
	21. SIGNATURE OF PUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215									
\vdash	23. PART I. Enter the diseases, of	1000								
	ahock, or haart falkire.	List only one cause on a	ach ilne.	enter tha moda of dying,	auch as cardiac or respi	interval Be	neewte			
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. RESPIRATORY FAILURE SECONDARY TO 6MOS OUE TO (OR AS A CONSEQUENCE OF): METASTATIC LUNG CANUTE									
	resulting in death)	OUE TO (OR AS A	CONSEQUENCE OF):	METASTA	DC LUNC	- CANLER	103			
z		b			TIC Dance					
CERTIFICATION	Sequentially list conditions, oue TO (OR AS A CONSEQUENCE OF):									
	CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF):									
E	that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST									
빙										
AL S	PART ii. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY PERFORMED? AMILABLE PRIOR TO									
EDICA	1 U YES 2 NO COMPLETION OF CAUSE DE DE DE DE DE DE DE DE DE DE DE DE DE									
₹	YES 2 NO									
AN	25. WAS CASE REFERRED TO MEDICAL			26 PLACE OF DEATH	M (Check ant) and					
SC	28. PLACE OF DEATN (Check only one) 28. PLACE OF DEATN (Check only one) 28. PLACE OF DEATN (Check only one) 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO 1 YES 3 NO									
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATN (Check only one) 26. PLACE OF DEATN (Check only one) 27. MANNER OF DEATN 28. INJURY AT WORK? 28. INJURY AT WORK?										
1 3 Nstural 5 Pending										
		3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
TED BY	3 Suicide 6 Could not be	building, etc. (Spec								
9	3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only	building, etc. (Spec		at the time, data and place, and	I due to the cause(a) and ma	nner as stated,	_			
9	3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	ICIAN: To the best of my know	ledgs, death occurred			nner as stated, ind dus to the cause(s) and manner as si	tated.			
E COMPLETED	3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	building, etc. (Special CIAN: To the best of my know	ledgs, death occurred		t the time, data and place, ar		tated.			
COMPLETED	3 Sulcide 4 Homicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	building, etc. (Special CIAN: To the best of my known ER: On the basis of examination R	ledga, death occurred in and/or investigation,	in my opinion, death occured a	t the time, data and place, ar	d dus to the cause(s) and manner as a	tated.			

Bondall

31. DATE FILED (MORIM, Day, Mar)

32. REGISTRATES SIGNATURE

STATE DEVILORM



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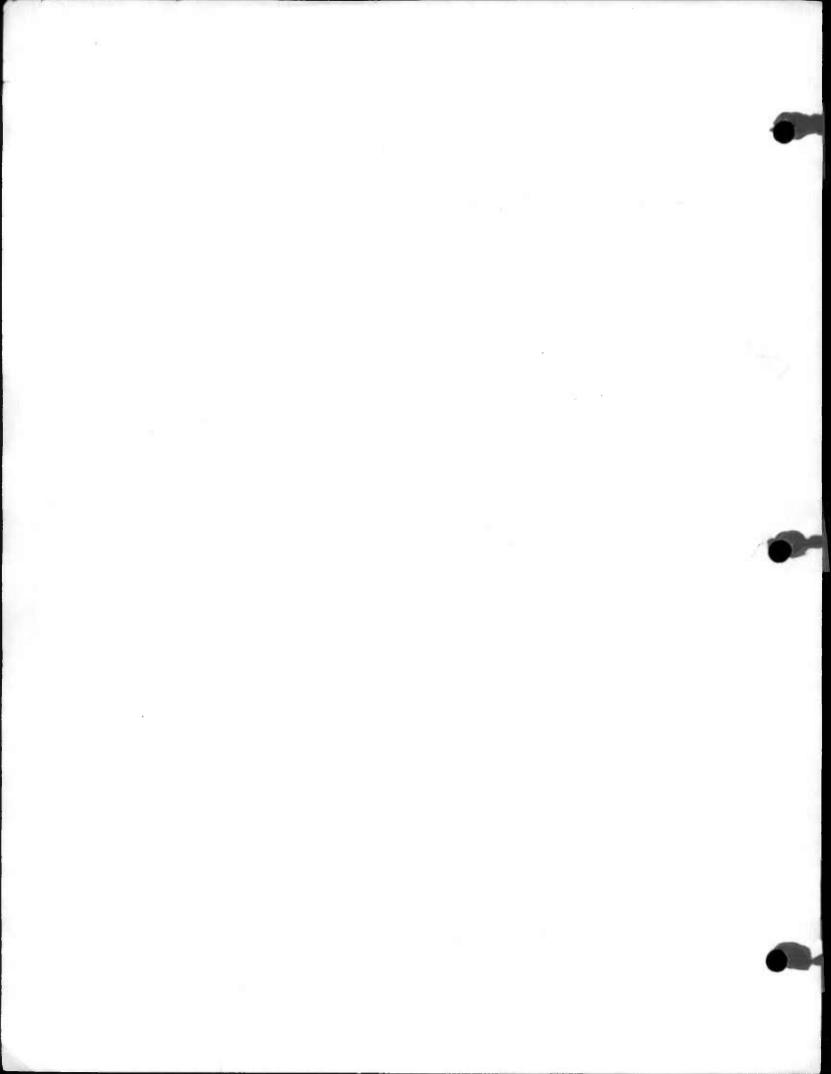
	1. DECEDENT'S NAME (First, Middle, La FRANK	PHILIP OCH	SR.			2. DATE OF DEATH	2 1990	3. TIME OF DE
	4. SOCIAL SECURITY NUMBER 215-01-3428	1 📉 M 2 🗆 F	AGE (In yrs. lest birthday) 82 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-28-90	07 Country) Mar	yland
TOR	90. FACILITY NAME (if not institution, git 217 Dunkirk Rose RESIDENCE OF DECEDENT	ad		вы ситу, тоwn Balti	OR LOCATION OF DEA	TH	9c. COUNTY OF DEA	
DIRECTOR		Baltimore	10c. CIT	Baltimo	ore			10d. INSIDE CI LIMITS? 1 YES 2
FUNERAL	217 Dunkirk F	Road		16	21212		109. CITIZEN OF WH	IAT COUNTRY
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried XX Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	YES 2/ ANO	If yes, s	CENDENT OF HISPANI pectry Cuben, Mexicen 8 242 NO Specify:	C ORIGIN? (Specify Yee, Puerto Rican, atc.)	or No— 14. RACE Black, Specify.	- American in White, etc.
ETED	15. DECEDENT'S (Specify only highest g		16e. DECEDENT'S (Give kind of a life. Do NOT us	USUAL OCCUPATI work done during m se retired.)	ION lost of working	16b, KIND OF BUS	SINESS/INDUSTRY	
COMPLE		2	Prin	ter			s Company	
BE CO	John Andrew (Mar	E (First, Middle, Meiden rgaret Dis	tler	
5	190. INFORMANT'S NAME (Type/Print) Frank P. Och J	Jr.				oute Number, City or Town Ckville, M		0853
	20e METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 F 4 Donetton 5 Sther (Specify)	Removal from State	20b. PLACE OF DISPOS other place) Moreland				cation - city or tow timore, M	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	F	on each line. SCIII AS A CONSEQUENCE O	2	ode of dying, auch	as cardiac or reapi	ratory arrest,	Interval
RTIFICATION	disease or condition	a. DUE TO (OR DUE TO (OR C.	SCU	PI:	ode of dying, auch	as cardiac or reapl	ratory arrest,	Approxi Interval Onset
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR b. DUE TO (OR c. DUE TO (OR d.	AS A CONSEQUENCE O	P):			AUTOPSY 24b. 1	WERE AUTOPS: MAILABLE PRICOMPLETION 0 OF DEATH?
MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	a. DUE TO (OR DUE TO (OR C. DUE TO (OR d. HOSPITAL:	AS A CONSEQUENCE O AS A CONSEQUENCE O AS A CONSEQUENCE O ath but not resulting	F): F): in the underlyin 26. F	ng cause given in F	Part i. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY 24b. 1	WERE AUTOPS: MAILABLE PRICOMPLETION 0 OF DEATH?
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the burial-transit permit, Pages 1, 2, 3 should

TO BE COM	O DE COMOL ETED DY DUYCICIAN: MEDICAL CEDTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
J.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,
he funeral director, page 5 should be the che	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fixed in by the funeral director, page 5 should be item;
or death. Page 6 may be retained by mention	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with
BALLIMORE, MARTLAN	DIVISION OF VIAL SECONDS, P.O. BOX 13149,

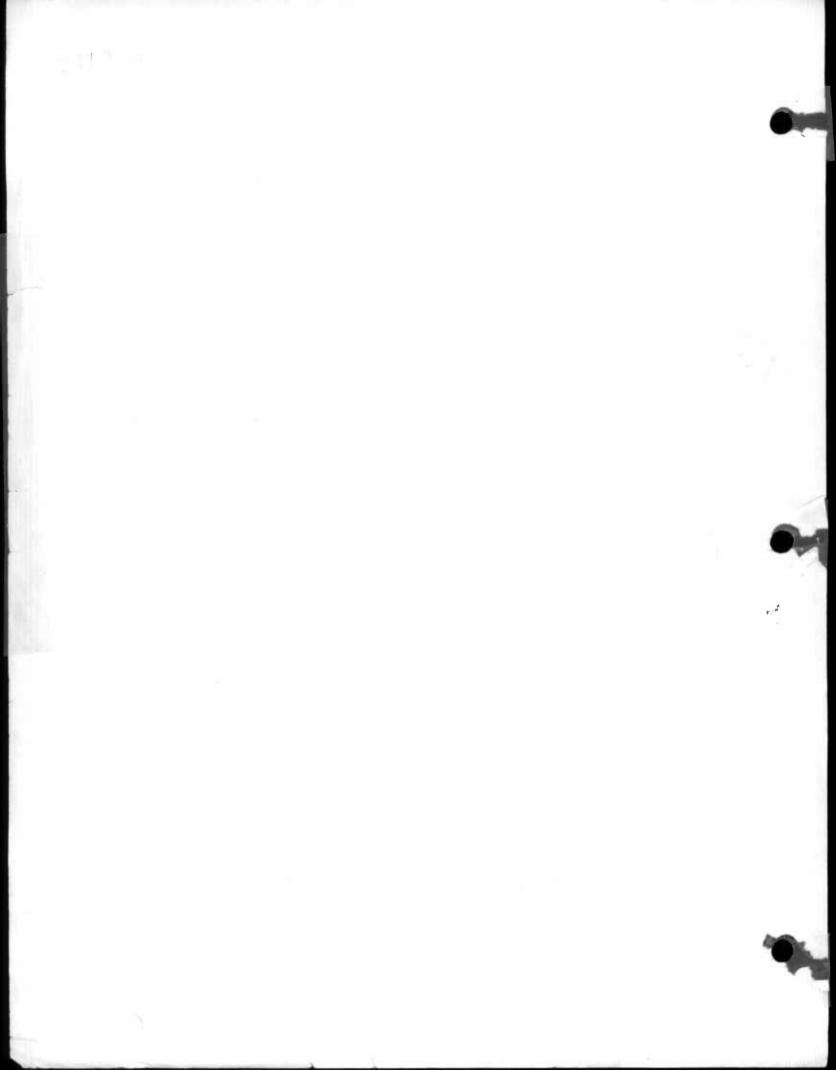
AUG 0 9 1990

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC				YGIENE EG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) Willie	e LEE	, F	Powell		2. DATE OF D MONTH Augu	DAY Y	3. TIME OF DEATH
	242-60-8179	∑ X# 2 □ F	52 YRS. MO	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.		13-38	BIRTHPLACE (State or Foreign Country) N.C.
TOR	96. FACILITY NAME (If not institution, give street Maryland Genera. RESIDENCE OF DECEDENT		ŀ		ltimore		9c. COUNTY	Y OF DEATH
BY FUNERAL DIRECTOR	10e. STATE 10b. COUNTY			TOWN OR LOCATI	E. MD.			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
NERAL		EW AVE.			ZIP CODE 2121			N OF WHAT COUNTRY? USA
	11. MARITAL STATUS 12. 1	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECE If yes, spe 1 PES	ENDENT OF HISPAN cify Cuben, Mexicar 2 NO Specify.	IC ORIGIN? (Sp n, Puerto Ricen :	pecify Yee or No 14 , atc.)	Black, White, atc. Specify: BLACK
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade community/Secondary (0-12)		16e. DECEDENT'S US (Give kind of work life. Do NOT use n CONSTRU	rk done during mos retired.)	N t of working	16b, KIN	O OF BUSINESS/INOUS	STRY
BE CON	17. FATHER'S NAME (First, Middle, Last) WM. H. POWELL				18. MOTHER'S NAM	LOV	WE LOFT	
TOE	WILLIAM POWEL					ROUTE Number, C		, MD. 21229
	20a, METHOD OF DISPOSITION 1 ABurlel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	I from State	V 0555 FAM	ILY CE	METERY		LANORE	y or Town, State COUNTY, N.C.
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Dene		WM.C.		F.H.		NORTH AVE.
	23. PART i. Enter the diseases, br com shock, or heert feilure. List IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Carcinom	na of the	e Lung	da of dylng, such	h as cerdiac	or reapiratory arres	Approximate Interval Between Onset and Death
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		A CONSEQUENCE OF): A CONSEQUENCE OF):					
CERTIFICATION	CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):					
PHYSICIAN: MEDICAL C	PART II. Other algnificent conditions of	ontributing to deeth b	aut not reaulting in	the underlying	cause given in		PERFORMED? YES 2 X NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN		OSPITAL:		OTHER:	ACE OF OEATH (Che		necify)	1
ву РНУ	27. MANNER OF DEATH 1 25 Natural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c, INJI			BE HOW INJURY OCCUI	REO
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	Y — At home, farm, stre scify)	eet, factory, office			N (Street end Number or wn, State)	Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C							l. cause(e) end manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	?			29c. LICENSE NUA	MBER	29d. DATE S	SIGNED (Month, Day, Year)
2	30. NAME AND AGORESS OF PERSON WHO C	COMPLETEO CAUSE OF DE Chatila, M		erint)	0 Maryl	land (General 1	



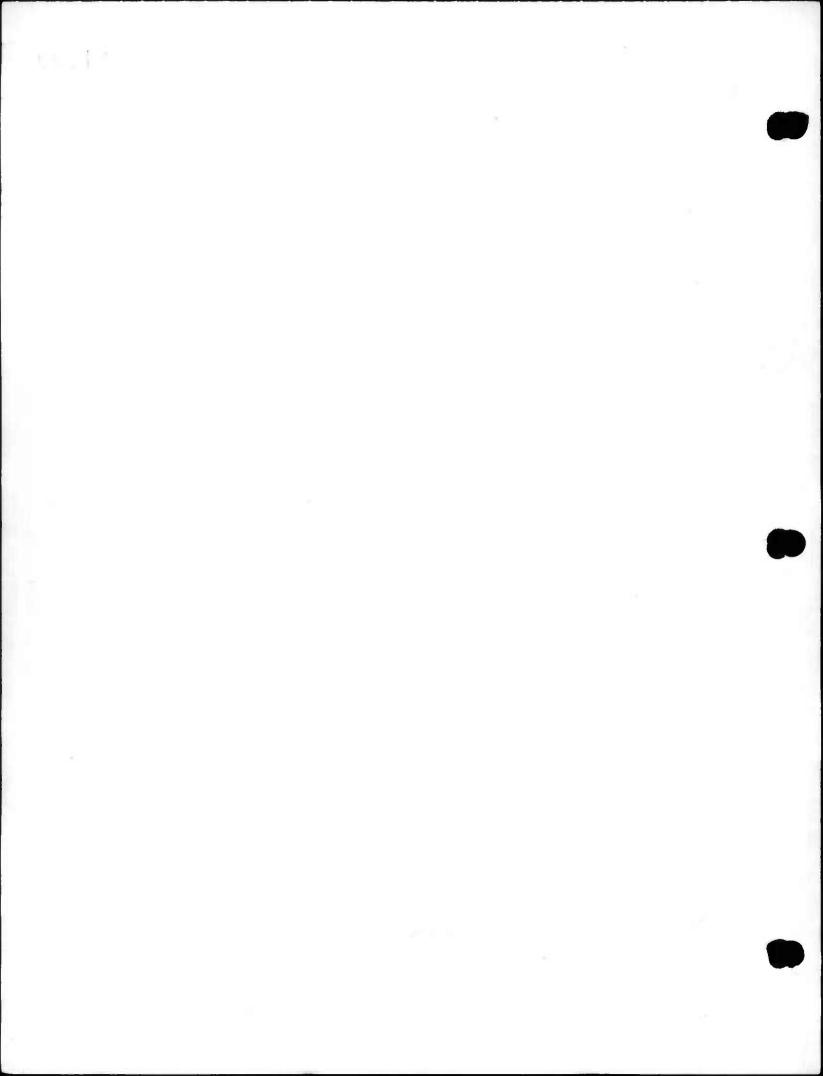
TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within cours after death. Page it may be made to the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course	to the purchas, brack on the first certained has been agree by the authoring produced and compress most in a see brack of the pure be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be noutly	
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FOR	STATE OF B	MARYI AN	D / DEPART	IMENT OF H	IEALTH AND	MENTA	I HYGIEN		JU	21899
1 - STATE REGISTRAR			CERTIFI	CATE OF	DEATH		REG. NO			
1. DECEDENT'S NAME (First, Middle, Last) Beti			Pre	esley		2. DATE MONT	of DEATH D	NY	YEAR	3. TIME OF DEATH 9:27PM
4. SOCIAL SECURITY NUMBER 214-20-4954	5. SEX 1 ☐ M 2 X X F	6. AGE (In yr.	s. last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont	OF BIRTH h, Day, Year) -12-19		B. BIRTHE Country	V a
9a. FACILITY NAME (If not institution, give st 1015 Stamford RO					more Cit			9c. COUNT	TY OF DE	ATH
RESIDENCE OF DECEDENT										
Md 106. STATE				imore	TION					10d. INSIDE CITY LIMITS? 1XXYES 2 NO
100. STREET AND NUMBER 1015 Stanford	Road			10	1. ZIP CODE 21.22	9			S A	HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	ONCX	If yes, sp	CENDENT OF HISPA ecity Cuban, Mexic 2 XXIO Spec	can, Puerto		or No-	14. RACE Black, Specify	American Indian, White, atc.
15. OECEDENT'S EDUC	CATION	161	. DECEDENT'S	USUAL OCCUPATI	ON	168	. KIND OF BU	SINESS/INDU	STRY	Diack
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	+)		ork done during me e retired.) onal Sec			Fort M	leade		
17. FATHER'S NAME (First, Middle, Last) Thomas Blake		-		_	16. MOTHER'S N	iame (First,	Middle, Malden	Surname)		
19a. INFORMANT'S NAME (Type/Print) Ernest Presley	/		19b, MAILING 1015	Stanfor	and Number or Rura d Road	Balt	impre,	n, State, Zip C	21229)
20m. METHOD OF DISPOSITION		20b, PL	ACE OF DISPOS	SPOSITION (Name of cemetery, cremetory or 20c, LOCATION — City or Town,				rn, State		
1 M Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	oval from State	Gar	rison F	Forest Veteran Cem				ings	Mill	s.Md
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue										
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Place of Indian Conditions). Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):									Interval Betwee	
that initiated events resulting in death) LAST PART II. Other aignificant condition	4		NSEQUENCE OF		g cause given in	n Part I.	24a. WAS AN	AUTOPSY RMED?	24b.	WERE AUTOPSY FINDING
		INQUIRY				TES 22 W		OF DEATH?		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				LACE OF DEATH (C	Check only o	ne)			
EXAMINER?	1 Inputant 2	☐ ER/Outpatie	nt 3 🗆 DOA	OTHER: 4 Nursing Hor	ne 5 🗆 Residence	8 🗆 Oth	er (Specify)			
27. MANNER OF DEATH 1: Natural 5 Pending 2 Accident Investigation	28e. DATE Of (Month, E	Pay, Year)	28b. TIME INJU	URY W	JURY AT ORK? YES 2 \(\square\) NO	28d. DE	SCRIBE HOW	NJURY OCCI	URED	
3 Suicide 8 Could not be 4 Homicide determined	3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Team State)							or Rural R	oute Number,	
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI										and manner as stated.
296. DOMATURE AND TITLE OF CERTIFIES OF CHILD								SIGNED	(Month, Day, Year)	
Account of	- 1/10	,			C.	-			0-	5-90
30. NAME AND ADDRESS OF PERSON WH MARGARITA A. KC		ISE OF DEATH	(ITEM 27) (Type,		Penn Str		Baltim	ore.M		



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r removal.	tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examin
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ours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	event, th
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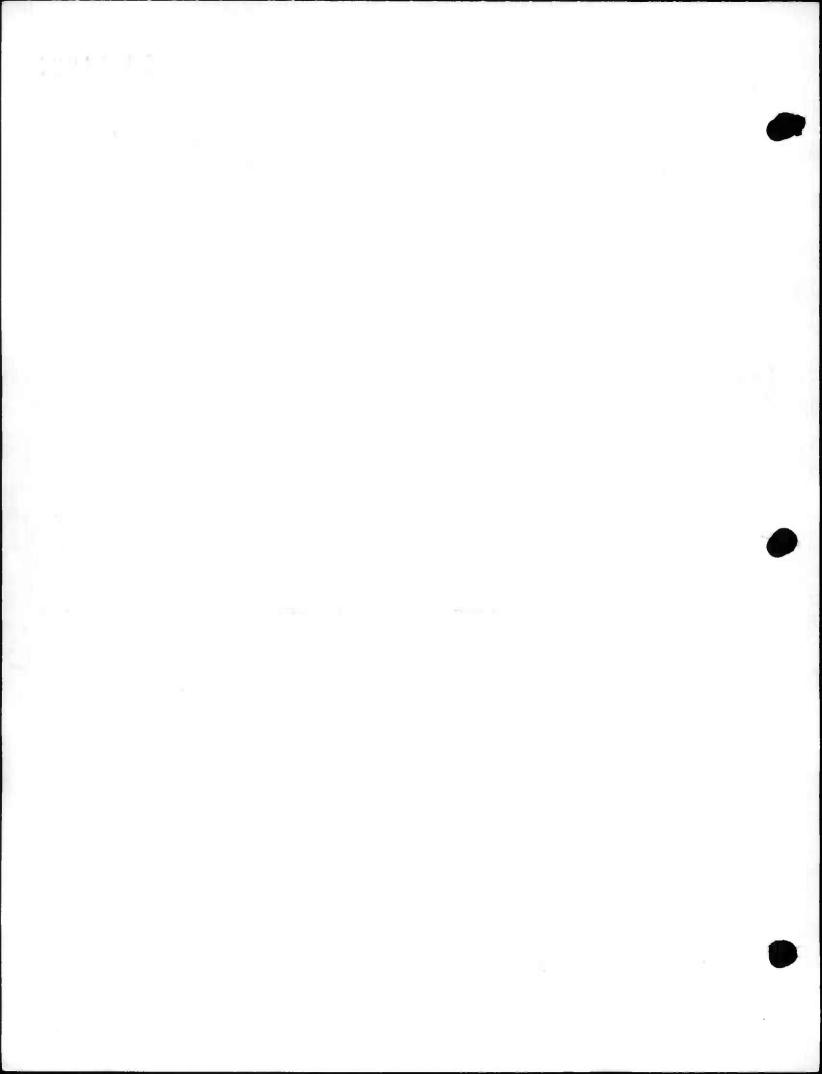
FOR STATE REGISTRAR	STATE OF MARYI	LAND / DEPARTME CERTIFICA	NT OF HEALTH AND I	MENTAL HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle LUCY M.	RICKS			2. DATE OF OEATH MONTH 8 - 0 7 - 9 (O YEAR 3. TIME OF DEATH		
4. 220 - 18 - 623 215 - 18 - 3306 98. FACILITY NAME (If not institution	1 M 2 F /	O YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. IS DAYS HOURS MIN. HTTY, TOWN OR LOCATION OF OR	7. DATE OF BIRTH (Month, Day, Year) 7 - 16 - 20 EATH 9c.	B. BIRTHPLACE (State or Foreign Country) N.C.		
BON SECO		E	BALTIMORE, N	4D.			
BON SECO RESIDENCE OF DECEDE 10a. STATE 10b. MD 10c. STREET AND NUMBER 5738 JONO 11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced	COUNTY		MORE, CITY		10d. INSIDE CITY LIMITS? Y Y Y Y Y Y Y Y Y		
10e. STREET AND NUMBER			10f. ZIP CODE	2.45	g. CITIZEN OF WHAT COUNTRY?		
5738 JONQ	UIL AVE.		2121		USA		
	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR (2 V NO	13. WAS DECENDENT OF HISPAN If yea, specify Cuban, Mexica 1 YES 2 NO Specify	n, Puerto Rican, atc.)	14. RACE — American Indian, Black, White, etc. Specify: B L A C K		
(Specify only high	IT'S EDUCATION est grade completed)	18a. DECEDENT'S USUAL (Give kind of work do	L OCCUPATION one during most of working od.)	18b. KIND OF BUSINES	3S/INDUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)		TAL SERVICE	S			
17. FATHER'S NAME (First, Middle,	Last)			ME (First, Middle, Maiden Surm	ame)		
JUHN PETWA			MINNI	E DAVIS			
190. INFORMANT'S NAME (Type/Pr MARGRET P.	COTTON	5738 J		Route Number, City or Town, Ste - BALTIMORE	, MD. 21218		
20a, METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3	☐ Removal from State	BALPIACE OF DISPOSITION	(Name of cemetery, crematory or CEMETERY		ON — City or Town, State I MORE, MD.		
4 Donation 8 Other (Special Signature OF Funeral Ser	aly)		22. NAME AND ADDRESS OF FA		1110112 y 110 t		
> Is lad.	es, or complications that cause				E. NORTH AVE.		
immediate Cause (Final disease or condition resulting in desth)	fallure. List only one ceuse on	Eggs	acon uter		Interval Between Onset and Death		
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):	COM 147 XX	Cro-	2012		
25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	facture la De abilis	but not resulting in the		Part I. 24e. WAS AN AUTPERFORMED	O? AMAILABLE PRIOR TO COMPLETION OF CAUSE		
25. WAS CASE REFERRED TO ME EXAMINER?			26. PLACE OF DEATH (C/	heck only one)			
1 YES 2 HO	HOSPITAL:		HER: Nursing Home 5 - Residence	6 C Other (Specify)			
Le natural o Pend	28a. OATE OF INJURY (Month, Day, Year)		28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE NOW INJUI	RY OCCURED		
	6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)						
ecol only	NG PNYSICIAN: To the best of my kno EXAMINER: On the beals of examinet				se stated. ue to the cause(s) and manner as stated.		
295. SIGNATURE AND TITLE OF C	enn Evan	r ry	29c. LICENSE NU	00 CD	od. DATE SIGNED (Month, Day, Year)		
/	EV917	DEATH (ITEM 27) (Type, Print)	o Wy chen	sta Blut	Batto 43,23		
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within E-mours after death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun-	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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)	4	1 - FOR STATE OF REGISTRAR	MARYLA		TMENT OF H	EALTH AND N		YGIENE EG. NO.		
	!	1. DECEDENT'S NAME (First, Middle, Last) (HILDA	^		DLBROOK		2. DATE OF D	EATH DAY	YEAR 90	3. TIME OF DEATH
	i	4. SOCIAL SECURITY NUMBER 5. SEX 1 \(\text{ M 2X F} \)	n yrs. lasi birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		0-48	Count	ma	
90	5	9a. FACILITY NAME (If not institution, give street and number) JOSEPH RITCHBY HOSPI RESIDENCE OF DECEDENT	CE		BALTI		ATN	9c. CC	OUNTY OF (ОЕАТН
act and a	- 10	10e. STATE 10b. COUNTY			LTIMORE	, CITY				10d. INSIDE CITY LIMITS? 1 YES 2 NO
CHAICDAL	EHAI	100. STREET AND NUMBER 900 W. LEXINGTON ST.			2	21223			JSA	WHAT COUNTRY?
2		11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced 12. WAS OCCEO FORCES? IF YES, GIVE	1 YES	2 NO	If yes, sp	ENOENT OF NISPAN acity Cuban, Mexicar 2 NO Specify:	n, Puerto Rican		14. RAC Blac Spec	CE — American Indian, ok, White, atc. City: BLACK
l b	PLEIED	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary(Sepondary (0-12) College (1-4 or	5+)	16a. OECEDENT'S (Give kind of life. Do NOT us		ON st of working	16b. KINI	O OF BUSINESS/	INDUSTRY	
-	SE COMPL	17. FATHER'S NAME (First, Middle, Lest) FLOYD HOLMES				16. MOTHER'S NAME HILDA	MARS	SHALL		
a notifie		190. INFORMANT'S NAME (Type/Print) WALTER HOLBROOK		900	W. LEXI	NGTONS	T BAL	ty or Town, State, TIMOR	Zip Code) E, MD	. 21223
d Isam		20e. METHOD OF DISPOSITION 1 DX Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	206	other place)		METERY		ANNE		DEL CO, MD
examine		21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ua_			MARCH		1101	E. N	ORTH AVE.
vent, the medical		23. PART I. Enter the diseases, or complications to shock, or haert failure. List only one of IMMEDIATE CAUSE (Final disease or condition resulting in death)	ause on a	ach ilna.						Approximata interval Between Onset and Death
injury, or other traumatic event, the medical examiner must be notified	EHILLAIION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST C N 5 TOXOP 195 2 5 2 5 10 5 10 5 10 5 10 5 10 5 10 5								
rs any	MEDICAL	PART II. Other algorificent conditions contributing		phegi		g cause given in		WAS AN AUTOPS PERFORMED? YES 2 N NO	SY 24	Ib. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Hem 23 s	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			26. PI	LACE OF DEATH (Ch	eck only one)			
5 2		1 ☐ YES 2 NO 1 ☐ Inpatient 2 27. MANNER OF DEATH 28e. DATE		28b. TIR	4 Nursing Hom IE OF 28c, INJ JURY WO	IURY AT DRK?	-	BE HOW INJURY	OCCURED	100
.00	IEU BY	1 Natural 5 Pending								Floute Number,
IMPORTANT: If Item 28	COMPLE	29a. CERTIFIER (Check only one) 2								o(a) and manner as stated.
IMPORTAL	O BE O	29b. SIGNATURE AND TITLE OF CERTIFIER	uf	2		29c. LICENSE NUN				(Month, Day, Year)
			NAR'S SIGN	no	390	o Lock	RAU	sen B	Jud	16,1990 16,1990
				-Randell						OHMH-16 Rev 1/89



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	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DE.									
	DAVID S.	RUBENS					AUG 5	1990		
	4. SOCIAL SECURITY NUMBER 212-09-3007	5. SEX	6. AGE (In yrs. las		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) APRIL 6	0.	BIRTHPLACE (State or Foreign Country) Maryland	
HC HC	9a. FACILITY NAME (# not institution 204 E. Jopp	a Rd.	,,,	96	TOWS	OR LOCATION OF DE		9c. COUNTY		
DIRECTOR		COUNTY BALTIMORE			OWN OR LOCA WSON	ATION			10d. INSIDE CITY LIMITS? 1 YES XXX NO	
FUNERAL	100. STREET AND NUMBER 204 E. JOPP.	A			1	OY. ZIP CODE 212	204	10g. CITIZEN US.	OF WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Marri 3 Widowed 4 Divorced	12. WAS DECEDE FORCES? IF YES, GIVE	ENT EVER IN U.S. AR 1 7 YES 2 1 N WAR OR DATES	MED NO	If yes, s	CENDENT OF HISPAN pecify Cuben, Mexica S 2 NO Specify		or No — 14.	. RACE — American Indien, Black, While, atc. Specify: WHITE	
COMPLETED	15. DECEDEN (Specify only high Elementary/Secondary (0-12)	it's EDUCATION est grade completed) College (1-4 or 5	(G life.	CEDENT'S USI live kind of work Do NOT use re	done during m kired.)	lost of working	18b, KIND OF BUS			
BE COM	17. FATHER'S NAME (First, Middle, David Rubin	Last)				16. MOTHER'S NA Rose	ME (First, Middle, Maiden			
TO E	190. INFORMANT'S NAME (Type/Pi Louis Drobi						more, MD		de)	
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremellon 3 4 Donellon 5 DOther (Spec		other pl	ace)		emetery, cremetory or s Cemeter			or Town, State Forest, O.M., M	
	21. SIGNATURE OF FUNERAL SEE	RVICE NICENSEE	1.1.	l.	HEB	ND ADDRESS OF FA	IAL FUNERA	AL HOM		
RTIFICATION	ahock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								Interval Between Onset and Death ///STANTe	
MEDICAL CERTIFICATION	PART II. Other significant of					•	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 ND 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)									
BY PHYS	27. MANNER OF DEATH 1 Netural 8 Pend	28e. DATE (28b. TIME O	OF 28c. II	me 5 Residence	28d. DESCRIBE HOW	INJURY OCCUI	RED	
8	3 Suicide 8 Could not be building, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)									
COMPLET	enel only	NG PHYSICIAN: To the best EXAMINER: On the basis of							ceuse(e) end menner ee stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CHEMONITY TO SO, NAME AND ADDRESS OF PER		taa,	h L.) .	29c, LICENSE NUI		29d. DATE 8	WSON MD 21204	
	HENRIT	VOORS	PAR'S SIGNATURE	MD	76.	00 OSLE	R DR.	10	WSON, MD	
	AUG 0 9 19	30 " while	Acon Manage	2					21204	

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be shown within 72 hours after death with the State Bert, of Health and Mental Hoolene orlor to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	0 -	4			2. DATE OF DEATH MONTH	DAY YEAR	3. TIME OF DEATH	
.	Lloyd Clinton Rub					.8 2			
	4. SOCIAL SECURITY NUMBER 485-10-2098	1XXM 2 □ F	(In yrs. last birthday) 7 0 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) March 8,	1920 H	rhplace (State or Foreign ampton, Iowa	
NO NO	9e. FACILITY NAME (If not institution, give st Peninsula General			Salisb	R LOCATION OF OE	EATH	9c. COUNTY OF		
닯	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	1	10c, CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY	
DIRECTOR		issex		oboth Be	ach	1 Tee 5 (X) NO			
FUNERAL	100. STREET AND NUMBER 7 Bay Road			101.	ZIP COOE 199	771		WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2)(TX Married 3 Widowed 4 Divorced	IN U.S. ARMED 2 NO DATES	2 NO II yes, specify Cuban, Maxica			ly: Specify:			
COMPLETED									
2	Elementary/Secondary (0-12)	College (1-4 or 5+)		ager		The	ater		
S	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maide	n Surname)		
BEC	Donald Ruble				Avis Jo				
2	19a. INFORMANT'S NAME (Type/Print)	. P., b 00				Route Number, City or To			
	Wanda E. Harrison	20	b. PLACE OF DISPO				OCATION — City or	Town. Stata	
	1 Donation 5 Other (Specify)	oval from State	other place) Henlopen				ton, Del		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	\	22. NAME AN	D ADDRESS OF FA	CILITY			
	· William J			P.O.	Box 477,	ins & Lodg , Lewes, D	E 19958	L HOME'S	
	23. PART I. Enter the diseases, or of shock, or haert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in daath)	Liet only one cause on	each line.	rrest		h ee cardiac or resp	piratory arrest,	Approximeta Interval Between Onset and Death	
CERTIFICATION	Due to (or as a consequence of): Possible Acute MI. Due to (or as a consequence of): Possible Acute MI. Due to (or as a consequence of): Severe Courage Areny Disease of injury that initiated events resulting in deeth) LAST Due to (or as a consequence of): Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage Areny Disease of Courage								
_	PART II. Other significent condition	s contributing to death	but not resulting	In the underlying	cause given in		N AUTOPSY 24	No. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
DIC/	010	411, 1.				1 _ YES	V	COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDICA	>\p	CABG.				-		1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)			
HYS	1 VES 2 NO 27. MANNER OF DEATH	1 Inputient 2 ER/Ou 28e, DATE OF INJURY	tpatient 3 DOA			8 Other (Specify) 28d, DESCRIBE HOW	INJURY OCCURED		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN.	M 1 1	RK? /ES 2 NO				
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	Y — At home, farm, ecily)	street, factory, offic		261, LOCATION (Street City or Town, State		il Route Number,	
COMPLETED	TOTACK O'NY	ICIAN: To the best of my kno						o(s) and manner sa stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	The			29c. LICENSE NUI	MBER 7 36	29d, DATE SIGNE	EO (Month, Day, Year) 2 90.	
2	30, NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF O	EATH (ITEM 27) (Type	o, Print)	00 0	\.			
	W H. R. 17	EDA. S	ALIS!	BURY	. 1V)· K) .			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE N-Rondall						
	AUG 0 8 1990	Gran Danies	- Spiritare	4				OHMH-16 Rev 1/89	

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BALTIMORE, MANY AND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146, certificate be OR ATTENDING PHYSICIAN: The law requires that the death

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岩	岩	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Š
2	TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 mm and the standard of the completely filled in by the funeral director, page 5 mm and the completely filled in by the funeral director, page 5 mm and the completely filled in by the funeral director.	99	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

2

white

31. DATE FILED (Month, Day, Hear)

MARGARITA A. KORELL, MD

0 9 1990

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

guha Dandason Maydases

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 6:30PM Helen Snowden 8-4-90 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 M 2 F MD 216-32-5411 YRS. 90 05-25-00 9e. FACILITY NAME (if not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1607 Darley Avenue Baltimore City RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY MD BALTIMORE, CITY 1 X YES 2 NO 10a STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1607 21213 USA DARLEY AVE. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yes, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES Specify: BY BLACK 3 Widowed 4 Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind at work done during most at working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondery (0-12) College (1-4 or 5+) 3rd DOMESTIC 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surneme) GEORGE SMITH MATILDA SMITH BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 L. WOODGREEN CIRCLE-BALTIMORE, MD.21207 PAULA BLUE 6400 20e. METHOD OF DISPOSITION
1 Å Burlel 2 ☐ Cremetion 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State VOSHELL MEMORIAL GARDENS BALTIMORE, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C. MARCH F.H. 1101 E. NORTH AVE. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate ehock, or heert fellure. List only one ceuse on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition___ Arteriosclerotic cardiovascular disease resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If eny, leeding to immediate . Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 THO OF DEATH? INSPECTION 1 | YES 2 | YO **PHYSICIAN:** 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: ng Home 5 Residence 8 - Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursi 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 26b. TIME OF 8 Pending investigation 1 X Mitural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide S Could not be determined ETED 4 Homicide 1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(e) and manner ee stated. COMPL 2 MEDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, death occurred at the time, data end place, and due to the cause(a) end menner as stated. 294 SIGNATURE AND TITLE OF CENTERE 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 8-4-90 BE

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111 Penn Street, Baltimore, MD 21201

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	1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTME			MENTAL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Lest) DAVID R.	SKEET	ERS			2. DATE OF DEATH MONTH DATE AUGUST 5,	1990 YE	3. TIME OF DEATH 3:58A M		
	215-40-2456	XXM 2 □ F	48 YRS. MONT		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3-6-194	12	BIRTHPLACE (State or Foreign Country) Md		
TOR	9a. FACILITY NAME (if not institution, give street THE JOHNS HOPKIN RESIDENCE OF DECEDENT		9b. 0		IMORE C		14 3 11 5 5 6 4	BALTIMORE CITY		
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOW Balti		ON			tod. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	606 Cargil Avenu				21228		109. CITIZEN OF WHAT COUNTRY? USA			
BY FU	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 21 NO Specify:						ORIGIN? (Specify Yea or No— uarto Rican, etc.) 14. RACE — American Black, White, etc. Specify: B]			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use redired.) 18b. KIND OF BUSINESS/INDUSTRY							'RY		
BE COM	17. FATHER'S NAME (First, Middle, Last) David Skeeters		-		Helen S					
2	196. INFORMANT'S NAME (Type/Print) Frances Skeet					Baltimore				
	20a. METHOD OF/DISPOSITION 1	from State	tace of disposition there place) udon Park	Cemet	etery, crematory or CPY D ADDRESS OF FA	В	altimon	re, Md		
•	Dertia 4	bron		Ma	rch F/H		e			
	23. PART I. Enter the diseases, or come shock, or heert failure. Lie IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)		h line.		34140	h as cerdiec or reapi	ratory arreat	Approximate Interval Batween Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.									
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? AMALABLE									
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	lent 3 DOA 4 D	HER:	ACE OF DEATH (Ch	8 Cother (Specify)				
ву РНУ	27. MANNER OF DEATH 1) Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY		URY AT RK7 'ES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCUR	IED		
	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — building, etc. (Specify	- At home, farm, street	, factory, offic		281. LOCATION (Street City or Town, State)		Rural Route Number,		
COMPLETED	(Orack Only	N: To the best of my knowled On the besia of axamination a						ause(a) and manner as stated.		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER MCDR-TH MD MCM	ich Fellas			29c. LICENSE NUI	MBER		IGNED (Month, Day, Year)		
F	30. NAME AND ADDRESS OF PERSON WHO O	Power 110	Belt. ml		205					
	31. DATE FILED (Month, Dely, 768) AUG 0 9 1990	32-REGISTRAR'S SIGNAT	ndell							

To do Ti

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IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE OF N	IARYLAND / DEPARTM CERTIFIC	IENT OF HEALTH AN	D MENTAL HYG			
1. DECEDENT'S NAME (First, Middle, Last) HAZELT	ON :	-	2. DATE OF DEAT	'H DAY YE	3. TIME OF DEATH	
		nacher Jr.	08 (90	4·40 a M	
4. SOCIAL SECURITY NUMBER 5. SEX	1401	UNDER 1 YEAR IF UNDER 24 HI	Marrie Day Mr.		BIRTHPLACE (State or Foreign Country)	
215-40-1958 1 X M 2 F	45 YRS.	LOCATION OF LOCATION OF	108/20/44	9c, COUNTY	Baltimore	
Greater Baltimore Medica		Towson			timore	
10a. STATE 10b. COUNTY	10e. CITY, TO	OWN OR LOCATION			10d. INSIDE CITY LIMITS?	
MD Baltimore	9	Baltimore 100, ZIP CODE		La amora	1 TES XX NO	
9520 Hickoryhurst Drive			000	USA	OF WHAT COUNTRY?	
11. MARITAL STATUS 12. WAS DECEDEN	T EVER IN U.S. ARMED	13. WAS DECENDENT OF HI		ly Yea or No— 14.	RACE — American Indian.	
1 ☐ Never Married 2 ☑ Married 1 ☐ Never Married 2 ☑ Married 1 ☐ Never Married 2 ☑ Married 1 ☐ YES ☐ NO 1 ☐ YES ☐ NO 1 ☐ YES ☐ NO 1 ☐ YES ☐ NO 1 ☐ YES ☐ NO 1 ☐ YES ☐ NO 1 ☐ YES ☐ NO N Specify: White						
15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECEDENT'S USU	done during most of working	16b. KIND O	F BUSINESS/INDUST	TRY	
Elementary/Secondary (0-12) Collega (1-4 or 5+) life. Do NOT use retired.) 12 Reatil Sales Automobile						
17. FATHER'S NAME (First, Middle, Last)		18. MOTHER	S NAME (First, Middle, M.	aiden Surname)		
James Hazelton Schumache	r Sr.	Mario	on Emily Hy	ynson		
19s. INFORMANT'S NAME (Type/Print)		DRESS (Street and Number or A				
Shirley Rae Schumacher		ickoryhurst D			-	
20a. METHOD OF DISPOSITION XXBuriel 2 Cremation 3 Removal from State 4 Donation Other (Specify)	other place) Parkwood	ON (Name of cemetery, crematory		e.Location — City Baltimore	e, Maryland	
21. SIGNATURE OF FUNERAL SERVICE LICENSE	a b	22. NAME AND ADDRESS O	F FACILITY			
Dennis S. Xepakis	CACC	Mitchell-Wi	edefeld H	ome 6500	York Rd.21212	
23. PART I. Enter the disesses, or complications the shock, or heart failure. List only one cell iMMEDIATE CAUSE (Final disesse or condition resulting in deeth) e. Metas					Approximate Interval Between Onset and Death	
DUE TO	(OR AS A CONSEQUENCE OF):					
Sequentially liet conditions, if sny, leading to immediate cause. Enter UNDERLYING	(OR AS A CONSEQUENCE OF):					
CALISE (Disease or Injury C.	(OR AS A CONSEQUENCE OF):					
resulting in desth) LAST						
PART II. Other significant conditions contributing to	death but not resulting in t	the underlying cause give	n in Part I. 24s. W	AS AN AUTOPSY	24b, WERE AUTOPSY FINDINGS	
			PE	ERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
				20 2 1 10	OF DEATH?	
					7 7	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH	H (Check only one)			
1 YES 2 NO 1 Input lent 2	ER/Outpatient 3 DOA 4	☐ Nursing Home 5 ☐ Raaide				
27. MANNER OF DEATH 28e. DATE OF (Month, L) Natural 8 Pending				HOW INJURY OCCUR	RED	
	F INJURY — At homa, farm, stre	10.120 10.11		Street and Number or	Rural Route Number,	
3 Suicide 8 Could not be determined building	atc. (Specify)		City or Town,	State)		
29e. CERTIFIER (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Ch	my knowledge, death occurred a	at the time, data and place, and	d due to the cause(a) an	d manner as stated.		
one) 2 MEOICAL EXAMINER: On the basis of a						
29b. SIGNATURE AND TITLE OF CERTIFIER	- h MA 10	29c. LICENSI	E NUMBER	29d. DATE 9	IGNED (Month, Day, Year)	
1 / Stay Je	SE OF DEATH (ITEM 27) (NO. Pr		E NUMBER	≥ 9d. DATE 9	GNED (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAU Yaser Slavveh M. II.	SE OF DEATH (ITEM 27) (Type, Pr		E NUMBER	≥ 8 / S	GNED (Month, Day, Year)	

				ATE OF DEAT		0.	
	1. DECEDENT'S NAME (First, Middle, Last)		C.	3310 700 0		DAY YEAR	3. TIME OF
. :	4. SOCIAL SECURITY NUMBER	JOSEPH T5. SEX T6. AGE		ANDERS FUNDER 1 YEAR IF UNDER	AUGUST 7. DATE OF BIRTH	7, 1990	LACE (Steh
	216-34-7828	1 XM 2 D F 5	MC MC	ONTHS DAYS HOURS	MIN. (Month, Day, Year)	Country)
	9a. FACILITY NAME (If not institution, give	7		b. CITY, TOWN OR LOCATI	12/4/3	9c, COUNTY OF DE	CARC ATH
S	1710 E. CHASE	STREET (R	ES.)	BALTIMO	DE CTUV		
ЕСТОЯ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT				KH CIII		
DIRE	MARYLAND 100. COOM	Ψ.		TOWH OR LOCATION			10d. INSIDI
AL D	10e, STREET AND NUMBER		I BA	LTIMORE C		10g. CITIZEN OF W	HAT COUN
ERA	1710 E. CHASE	CABEEN		0.000	205		
FUNE	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DECENDENT (OF HISPANIC ORIGIN? (Specify)	Yan or No — 14. RACE	- America While, alc.
	1 X Never Married 2 Married	FORCES? 1 XYES	2 NO	If yes, specify Cubs 1 ☐ YES 2 XNO	in, Maxican, Puerto Rican, atc.) Specify:	Black, Specifi	
BY	3 Wildowed 4 Divorced						ACK
TED	15. DECEDENT'S ED (Specify only highest grad		18a. DECEDENT'S US (Give kind of wor	k done during most of world	16b. KIND OF E	BUSINESS/INDUSTRY	
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use i	etired.)			
COMPL	17. FATHER'S NAME (First, Middle, Last)			40 MOV	HER'S NAME (First, Middle, Maid	an Furnama)	
	JOE SANDERS			100000			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AI		ROLINE WASH or or Rural Route Number, City or 1		
2	JOSEPH SANDER	S, JR.		BRIDGEHAM			
	20g, METHOD OF DISPOSITION	20	b. PLACE OF DISPOSIT	ON (Name of cemetery, crei		LOCATION — City or Toy	
6	150 Burtal 2 Cremation 3 Real 4 Donation 5 Other (Specify)	noval from Stale	WESTERN	STAR CEME	TERY CAT	PONSVILLE	E. MZ
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	-1	22. NAME AND ADDRE	SS OF FACILITY		
	KILAN	() Luis	11		. DYETT & S		AL H
	23. PART I. Enter the diseases, or	complications that cause	the deeth. Do not	enter the mode of dy	ERTY HETGHT	spiratory arreat,	Appi
ш	immediate cause (Final	List only one cause on	eech line.				Inter
	disease or condition	- 101	nil -c.c -				Onse
	consisting in death)	- CIKI	141115 C	P LIVE	·17		Ons
	reaulting in deeth)			P LIYE	R		Ons
Z					R		Onse
NOIT	Sequentially list conditions, if eny, leeding to immediate		A CONSEQUENCE OF): A CONSEQUENCE OF):		ER		Onse
-ICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. CHRON	C ALCOHO		R		Ons
TIFICATION	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING	b. CHRON			R		Onse
CERTIFICATION	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	b. CHROND DUE TO (OR AS d.	A CONSEQUENCE OF):	o L use			Onse
L CERTIFI	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. CHROND DUE TO (OR AS d.	A CONSEQUENCE OF):	o L use	given in Part I. 24a. WAS	AN AUTOPSY 24b.	WERE AUTO
L CERTIFI	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	b. CHROND DUE TO (OR AS d.	A CONSEQUENCE OF):	o L use	given in Part I. 24a. WAS. PERF		WERE AUTO AMAILABLE COMPLETIO OF DEATH?
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

GODOFREDU STUATRT JR

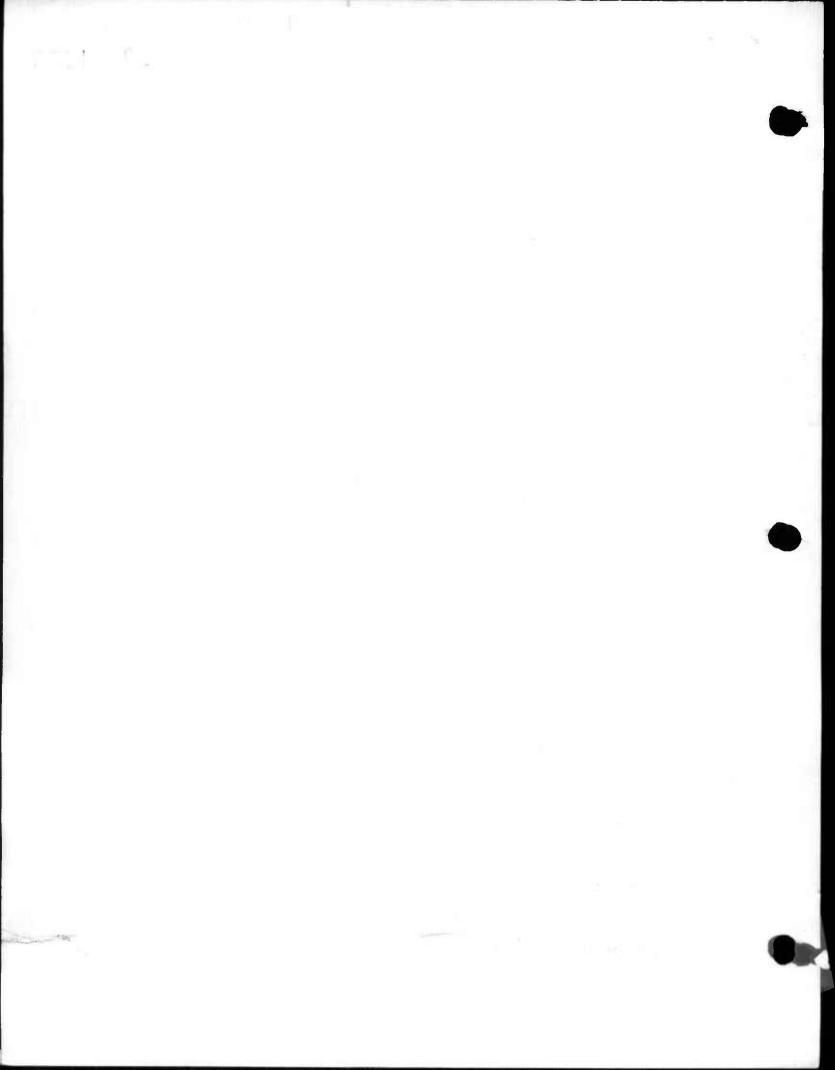
31. DATE FILED (Morth, Db), Year)

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1	FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPAR						GIENE G. NO.				
	1. DECEDENT'S NAME (First, Midule, Last)						1	2. DATE OF DI	CD 034	YEA		IME OF DEA	тн
	EDWARD AUGUST SCH	AEDEL					А	UGUST	7,	1990		7:05	Рм
		SEX 6. AGE (In yrs.		IF UNDER	1 YEAR	IF UNDER 24 HOURS	MIN.	7. DATE OF BII (Month, Day,	Magri	0	ountry)	CE (State or F	oreign
		⊠ M 2 □ F 71	YRS.			1	-2.5	NOV.	24 1		Ν		
_	THE JOHNS HOPKINS I					IMORE		гн		BALTI	MORE	CIT	Y
DIRECTOR	RESIDENCE OF DECEDENT	IUSITIKE											
E I	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN O	R LOCAT	ION					10d	. INSIDE CIT	Y
2	MD			BALTI								YES 2	NO NO
¥	104. STREET AND NUMBER	_			101.	ZIP CODE	006			10g. CITIZEN			- 1
FUNERAL	5100 ARDMORE WAY	2. WAS DECEDENT EVER IN U.S.	ADMED	Lan	MAS DEC		206	ORIGIN? (Sp	acify Yan		J.S.A	American Ind	llen
	11. MARITAL STATUS 1 Never Merried 2 Merried	NO		l yes, sp	city Cuben,	Mexicen,	Puerto Rican,	atc.)		Black, Wi Specify:	ilte, etc.		
A	3 Widowed 4 Olvorced				-V Ino	Operaty.					WHI	ГE	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con		DECEDENT'S	work done	CCUPATIO	N at of working		16b. KING	OF BUSI	NESS/INDUST	RY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	tife. Do NOT us	ver retired.)				BUS	CO.	(TRANS	SPOR	TATIO!	(1)
MP	N/A	N/A					ED'O NAM	E (First, Middle					,
8	17. FATHER'S NAME (First, Middle, Last) AUGUST SCHAEDEL							SE STA					
BE	19e. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS	S (Street e				_	State, Zip Coo	le)		
2	EMILY SCHAEDEL (W	(IFE)	5100	O ARI	MOR	E WAY	, BA	LTIMOF	RE, M	D. 21	L206		
1	20e. METHOD OF DISPOSITION	20b. PL/	CE OF DISPO	SITION (No	me of cer	netery, crema				ATION — City		State	
	1 ☑ Buriel 2 ☐ Cremation 3 ☐ Remove 4 ☐ Donation 5 ☐ Other (Specify)		PARKW(BA	LTIMO	RE I	MD.	
	21. SIGNATURE OF PUNERAL SERVICE LICEN	942 ///				ADDRESS			OME	TNO			- 1
	· (with H.	(Jany 1)						ERAL H		oro.	4d '	21226	
	23. PART I. Enter the diseases, or col	mplications that caused the	deeth. Do	not enter	the mo	de of dyln	ng, such	as cardlec	or respli	etory arrest	,	Approxi	mate Between
	IMMEDIATE CAUSE (Finel	at only the cause on each	iiiio.										nd Death
	disesse or condition resulting in death)	DUE TO (OR AS A CO										in	0
				OF):								3	
ON	Sequentially list conditions, b.	OUE TO (OR AS A CO	NSEQUENCE (OF):								7	7 49
¥.	If any, leading to immediate cause. Enter UNDERLYING	, ,											
IFIC	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A CO	NSEQUENCE (OF):									
CERTIFICATION	resulting in death) LAST						-					-	
	PART II. Other aignificent conditions	contributing to death but r	not reaulting	In the u	nderlylr	g ceuse g	iven in i	Part I. 24	. WAS AN			ERE AUTOPSY	
ICAL	Non				_			_ 1(YES 2		CC	OMPLETION O	
MEDI								_				YES 2	4 0
2 7													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		LACE OF DE	EATH (Che	ock only one)					
YSI	1 TYES 2 NO	1 / Inpatient 2 ER/Outpatie	_	4 🗆 Nu	irsing Ho		eldence	6 Other (Sp	_	NJURY OCCUP	250		
	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. Ti	NJURY M	W	JURY AT ORK? YES 2	□ NO	26d, DEŞCHI	BE HOW I	NJUNY OCCUP	TED		
BY	2 Accident Investigation	28e, PLACE OF INJURY —	Al home, farm	, street, fa			1.10	28I. LOCATIO	ON (Street	and Number or	Rural Rou	te Number,	
ED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify)					- 1	City or To	own, State)				
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSIC	An: To the best of my knowledge	e, death occu	rred at the	Ilme, dat	e end place,	, and dua	to the cause(e) end me	nner as stated.			
MP	(Check pnly	: On the basis of examination er										nd manner s	e stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICE	ENSE NUN	ABER		29d. DATE S	BIGNED (M	fonth, Day, Ye	er)
BE	9-41-		-			716				▶8.	7-9	0	
2	36. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Ty	pe, Print)				D.T 60	00 N	WOLFE	ST.		
	Michael T.	_outon		JOHNS	5 HO	KINS	HOS	PITAL	BAI	TO 1	M.	21205	
	III 24 DATE EN EO (Month Day Year)	32. REGISTRAR'S SIGNATI	IRE 4										





STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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28e, PLACE OF IN	IJURY — At home, f. (Specify)	farm, atreet,			28f. LOC City	ATION (Street or Town, State)	and Number	or Rural Roo	ute Number,
				death occured at the	e time, date		nd due to th	e cause(e)	
	28e. DATE OF INJ (Month, Day, 28e. PLACE OF IN- building, etc. SICIAN: To the best of my NER: On the basie of exam	28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 4 thome, building, etc. (Specify) SICIAN: To the best of my knowledge, death of the basic of examination and/or investigations.	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — At home, farm, street, building, etc. (Specify) SICIAN: To the best of my knowledge, deeth occurred at the NER: On the basic of examination and/or investigation, in many controls and the basic of examination and/or investigation, in many controls and the basic of examination and/or investigation, in many controls and the basic of examination and/or investigation, in many controls and the basic of examination and/or investigation, in many controls and the basic of examination and/or investigation, in many controls and the basic of examination and/or investigation, in many controls and the basic of examination and/or investigation, in many controls and the basic of examination and/or investigation, in many controls and the basic of examination and/or investigation, in many controls and the basic of examination and/or investigation, in many controls and the basic of examination and/or investigation, in many controls and the basic of examination and/or investigation, in many controls and the basic of examination and/or investigation, in many controls and the basic of examination and/or investigation, in many controls and the basic of examination and/or investigation, in many controls and the basic of examination and the basic of examination and the basic of examination and the basic of examination and the basic of examination and the basic of examination and the basic of examination and the basic of examination and the basic of examination and the basic of examination and the basic of examination and the basic of examination and the basic of examination and the basic of examination and the basic of examination and the basic of examination and the basic of examination and the basic of examination and the basic of examination and the basic of examination and the basic of examination and the basic of examination and the basic of examination and the basic of examination and the basic of examination and the basic of examination and the basic of examination	HOSPITAL: Impatient 2 ER/Outpetient 3 DOA 4 Nursing Ho	HOSPITAL: Inpatient 2 ER/Outpatient 3 DOA A Nursing Home 5 Residence	HOSPITAL:	1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)	HOSPITAL: I Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)	26. PLACE OF DEATH (Check only one)

1 - STATE REGISTRAR	STATE OF MARY		ICATE C			NENIAL HYGIE! REG. NO			
1. DECEDENT'S NAME (First, Middle, La	(st)	CEITIII	IOAIL	, DEA		2. DATE OF DEATH		10.00	3. TIME OF DEATH
PEPELIA	CNIDA	183				_	1990	YEAR	5.50A m
4. SOCIAL SECURITY NUMBER	5, SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER	24 HRS.	AUG. 6,	1990		IPLACE (State or Foreign
212-03-95150		36 YRS.	MONTHS DAY	rs Hours	MIN.	AUG. 1	1904	Court	USSIA
9a. FACILITY NAME (If not institution, gi			9b, CITY, TOV	MN OR LOCATI	ON OF DE	ATH	9c. COU	NTY OF D	EATH
SUBURBAN HOSPIT				ETHESD				MON	TGOMERY
RESIDENCE OF DECEDENT							1		
10a. STATE 10b. COU	INTY		Y, TOWN OR LO						10d. INSIDE CITY LIMITS?
MARIDAND		В	ALTIMO	RE					1 YES 2 NO
10e. STREET AND NUMBER				10f. ZIP COD		_	10g. CIT		WHAT COUNTRY?
6503 PARK HEIGH	HTS AVE., APT	. 2-G			2121	5		USA	
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED				IIC ORIGIN? (Specify Y	a or No—	14. RACI Black	E — American Indian, k, Whita, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		YES 2 NO				Spec	WHITE
1.		I as a second				16b, KIND OF B	IONICOS IN	DUCTON	
15. DECEDENT'S (Specify only highest g	rade completed)	16a, DECEDENT'S (Give kind of life, Do NOT u	work done durin	g most of worki	ing	166. KIND OF B	usiness/in	DUSTRE	
Elementary/Secondary (0-12)	College (1-4 or 5+)		EWIFE			A	T HOM	ΙE	
17. FATHER'S NAME (First, Middle, Lest)		11000		18 MOT	HEB'S NA	ME (First, Middle, Maide			
ISAAC FINKELST				10. 1101	SAR				
19a, INFORMANT'S NAME (Type/Print)	DIII	195 MAIL ING	G ADDRESS (St	reet and Numbe	or Burnt	Route Number, City or R	wn. State. Z	lo Code)	
LIONEL SHAPIRO			BURNT						ID 20903
20s. METHOD OF DISPOSITION	1	10b. PLACE OF DISPO	SITION (Name of				OCATION -	City or To	own, State
1 Surial 2 Cremation 3 1 4 Donation 5 Other (Specify)	Ramoval from State	OHEL Y	ZAAKOV				BALI	MOR	RE, MD
21. SIGNAL OF FUNERAL SERVICE	ELICENSES.		22. NAM	E AND ADDRI	SS OF FA	N & BROS	. TNIC	1	
* ()	01100					STOWN RD.		10. M	ID 21215
23. PART LEnter the diseases,	or complications that cause	sed the death. On							Approximate
	ure. Liat only one cause on		1101 011101 1110		, mag, was		,,		Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition	Could	Via a		· ma n	0	and			Oliset and Death
resulting in death)	a. DUE TO (OR A	S A CONSEQUENCE O	eccu.	Wille	zy	ave	132		
	- On al	1111001	0	00	0	220			j
Sequentially list conditions,	b. DUE TO (OR A	S A CONSEQUENCE	OF):	TE	pri				
If any, leading to immediate cause. Enter UNDERLYING	- Ch	mia.	Ola	amo	NIL	ue M	elle	well	NAC.
CAUSE (Disease or Injury that Initiated events	DUE TO (OR A	S A CONSEQUENCE	OF):		Com				7
resulting in death) LAST	a deser	ese							
DART II Other significant and	Name anatalbution to doct	had not moreling	in the ande	dulan anuan	ahaa la	Boot I Dan Mac	AN AUTOPS	/ 1 24	b. WERE AUTOPSY FINDINGS
PART ii. Other aignificant cond	rtions contributing to death	1 Dut NDt resuring	In the unde	riying cause	given in		ORMED?	1	AMILABLE PRIOR TO COMPLETION OF CAUSE
						1 🗆 YES	2 🗌 NO		OF DEATH?
									t 🗌 YES 2 🗍 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		OTHER:	28. PLACE OF					
1 TYES 2 NO	1 Inpatient 2 ER/C			c. INJURY AT	Rasidence	6 Other (Specify) 28d. DESCRIBE HO	W IN HIBY A	CCUPED	
1 Netural 5 Pending	(Month, Day, Yea	(T) 200. 11	NJURY	WORK?	□ NO	200. DESCRIBE NO	T INSONT C	CONLD	
2 Accident Investigat		JRY — At home, farm				28f. LOCATION (Stra	et and Numl	ser or Rural	I Boute Number
3 Suicide 6 Could no	ot be building, atc. (5	Specify)	, susse, motory	, onice		City or Town, St.	ite)		
29a. CERTIFIER						<u> </u>			
(Check only	PHYSICIAN: To the best of my kr								(a) and manner on stated
	AMINER: On the basia of exemina	ation andor investigat	поп, ит ту ори						
296. SIGNATURE AND TITLE OF CER	Dalla.	500	0	29¢. U	CEMSE NU	3170	20d. D	ATE SIGNE	ED (Month, Day: Year)
784 0	XHINX P	1 24		10	ox -	170	1		
30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Ty)	pe, Print)						
24 DAYE EN ED Want Day Mari	20 DECIOTALOS	IGNATURE	_			_			
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	ia Davidson	m. e. at						
AUG	09 1990 gul	AT HAM (4704/-	Madara						

BALTIMORE, MARYLAND

transit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mous after death. Page 6 may be retained by the hospit TD THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

sit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 2 and after death. Page 6 may be retained by the hospital e	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	SUC	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / D			MENTAL	HYGIENE
CER	RTIFICATE OF	F DEATH		REG. NO.

1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGI		
1. DECEDENT'S NAME (First, Middle, Last) RUBYE	f. SULLIVAN	1			2. DATE OF DEAT MONTH	H DAY 1	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	AUGUST		8:37P M BIRTHPLACE (State or Foreign
259-32-6528	1 🗆 M 2 🔀 F	77 YRS. MO	NTHS DAYS	HOURS MIN.	(Morith, Pay, Yea 02/27/	713 8	South Carolin
9a. FACILITY NAME (If not institution, give				R LOCATION OF DE	ATH	9c. COUNT	Y OF DEATH
THE JOHNS HOPK	INS HOSPITAL		BALTIM	ORE CITY		BAI	LTIMORE CITY
10a. STATE 10b. COUNT	ry	10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
Maryland	20 mg mg			altimor	е	10g CITIZE	1 X YES 2 NO
1526 E. Biddle	Stroot				213	log. citize	USA
1t. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN		y Yea or No- 14	4. RACE American Indian.
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			2 NO Specify		i.)	Black, Whita, etc. Specify: Black
15. OECEDENT'S ED (Specify only highest gred	le completed)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re	done during mo		16b. KIND OF	BUSINESS/INDUS	
Elementary/Secondary (0-12) 4th	College (1-4 or 8 +)	Hom	nemake:	r		Home	
17. FATHER'S NAME (First, Middle, Last)		11011	icinaire.		ME (First, Middle, Me		
Johnny Ha	ankirson			Loui	se 01:	iver	
19a. INFORMANT'S NAME (Type/Print)		19b, MAILING AC	DRESS (Street a	nd Number or Rural I			Code)
Lucille Goldw	ire-Bev	1526 E	. Bid	dle St.	Balto	o., MD	21213
20a. METHOD OF OISPOSITION 1 X Burlel 2 Cremation 3 X Res 4 Donation 5 Dotter (Specify)	movel from State	PLACE OF DISPOSITI	ON (Name of cer	netery, cremetory or	20	c. LOCATION — CI	
21. SIGNATURE OF FUNERAL SERVICE L		"	22. NAME AT	D ADDRESS OF FA	CILITY		
George E.	M- oN-bb		MacNa	abb Fun Frederi	eral Ho	ome, P.	A. MD 21228
23. PART I. Enter the diseases, or	complications that caused						
ahock, or haart failure IMMEDIATE CAUSE (Final	. List only one cause on ea	nch lina.					Onset and Death
disease or condition resulting in death)	· Other	school.	- 1.	Jevan 7	Dis	uge	4600
Treating in death)		CONSEQUENCE OF):					
Sequentially list conditions,	· Diase	tes					
if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):					
CAUSE (Disease or injury	C. DUE TO (OR AS A	CONSEQUENCE OF):					
that initiated eventa reaulting in death) LAST	DOE 10 (01/40 A	CONSECUENCE OF J.					į
	d						
PART II. Other aignificant condition	ona contributing to death be	ut not resulting in	tha undariyin	g cause given in	Part I. 24a. W	S AN AUTOPSY	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
					1 D Y	ES 2 NO	COMPLETION OF CAUSE OF DEATH?
					_		1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: ,		26. P	LACE OF OEATH (Ch	eck only one)		
1 TYES 2 NO	1 Inpatient 2 ER/Outp	etient 3 DOA 4	☐ Nursing Hon	ne 5 🗆 Residenca			
1 Natural 8 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME (Y WO	HURY AT ORK? YES 2 NO	28d, OEŞCRIBE F	IOW INJURY OCCU	JREO
2 Accident Investigation	28a. PLACE OF INJURY	- At home farm stru			281 LOCATION /S	Street and Number o	or Rural Route Number,
3 Suicide 6 Could not be 4 Homicide determined	building, atc. (Spec	cify)	, , , , , , , , , , , , , , , , , , , ,		City or Town,	State)	, roser roses regress,
29a. CERTIFIER	OCCUPATION TO A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE ST						
(Check only	SICIAN: To the best of my know NER: On the besis of examination						cause(s) and manner as stated.
295, SIGNATURE AND TITLE OF CERTIF				29c. LICENSE NU			
STATE AND THE OF CENTER	n 16. An	21	Br &	APU LIVERSE NU	ms'en	DATE	SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON V	/HO COMPLETEO CAUSE OF DE	ATH (ITEM 27) (Type, P	1 1	(10	11110
Sal Date to the sales	yell sur	kins)	Hosn		Emeri	my W	me
31. DATE FILED (Month, Day, Year)	CHARLE DAMES SIGN	~ Randelle					

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attended to the hospital or attended by the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or attended to the hospital or att	2	be filed within 72 hours after death with the State Dept. of Health and Mertal Hyglene prior to burial, cremation, or removal.

1.	DECEDENT'S NAME (First, Middle, Last)	1		0						2. DATE	OF DEATN	DAY	YEAR	3. TIME OF DEATH	
ANNA ROZANSKI SOM										8 4			990	3 30	
	12-09-5120	5. SEX 1 M 2 F		(in yrs. leist b		MONTHS	DAYS	HOURS	MIN.	(Mont)	OF BIRTH 1, Day, Year) 9-07		Count	NPLACE (State or Foreign Iny) DIANA	
	9e. FACILITY NAME (If not institution, give street and number)								ION OF DE	EATH					
19	OMEWOOD HOSPIT		BAL	TIM	10RE										
1	ARYLAND 106. COUNTY			, TOWN OF		LIMITS?					10d. INSIDE CITY LIMITS? 1 XYES 2 NO				
1	31 S. DECKER A				224	E			10g. CITI		WHAT COUNTRY?				
1[11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Olvorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES					11	yes, sp	ecify Cub		ANIC ORIGIN? (Specify Yea or No— 14. RACE — American Indie Black, White, etc.)					
	15. DECEDENT'S EDU (Specify only highest grade			(Give	kind of w	USUAL OC	CUPATIO	ON ast of world	Ina	16b	KIND OF B	USINESS/IND			
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	HOME	o NOT use	e retired.)									
	FATHER'S NAME (First, Middle, Lest)	/ T						1 1		ME (First, I	Middle, Maide	n Surneme)			
-	TEPHEN ROZANSK	/ 1		401-	MANING	ADDRESS	(Street -	MA		Boude Mus-	has Ole *-	wn, State, Zip	Cadel		
II.	R. STANLEY SDA	NOWICH										MD.		22/1	
20	A, METNOD OF DISPOSITION		200	b PLACE OF	E OISPOS	ITION (Non	me of cer	malany cm	maton or	1 . DA		OCATION —			
	O Burtel 2 □ Cremation 3 □ Rem □ Donation 5 □ Other (Specify)	ovat from State	HC	Other place	KOSA	RY	CEM	ETE	RY		BAI	LTO.	CO.	. MD.	
	3. PART I. Enter the diseases, or ahock, or heert fellure.				th. Do n	25	25	FLE	ET S	ST.	BALT). 2	Interval Bety	
IA di	3. PART I. Enter the diseases, or	List only one ce	C C		2	25 ot enter	25	FLE	ET S	ST.	BALT	O. ME). 2	Approximate interval Betwoonset and D	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTIFIC	CATE C	F DEATH	R	EG. NO.				
,	1. DECEDENT'S NAME (First, Middle, Lest)				-	2. DATE OF I	DEATH		3. TIME OF DEATH		
	ALICE L. SMITH					MONTH 7/	7/31/90 YEA		5.20PM M		
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER 1 YEA	IF UNDER 24 HRS.	7. DATE OF E	MRTH	a. BIRTI	HPLACE (State or Foreign		
	578-28-3187 ¹□м²	XX .	3 YRS.	MONTHS DAY		April	18, 191		eorgia		
OR	9a. FACILITY NAME (If not institution, give street and nur PRINCE GEORGES HOSPITA RESIDENCE OF DECEMENT			96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH CHEVERLY PRINCE GEORGE							
ן ה	10s. STATE 10b. COUNTY		10c CITY	TOWN OR LO	CATION				10d. INSIDE CITY		
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B	1 Never Married 2 Married FORCI	S? 1 YES	2 ANO	If yes	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 ☐ YES 2 ☐ NO Specify: Blac:						
COMPLETED	18. DECEDENT'S EDUCATION (Specify only highest grade completed)	11	6e. DECEDENT'S U	SUAL OCCUP	ATION most of working	16b, KIN	D OF BUSINESS/	INDUSTRY			
PLE	Elementary/Secondary (0-12) College (1-4 or 5+)		Superv			Federal	Gov	¹+.		
S O	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Midd	e, Maiden Surname				
	Samuel D.	Latten				Carri	e Brumb	v			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	eet and Number or Rural	2000					
2	Alice L. Wingate		901 Or	ous Av	enue, Capi	ital He	eights,	MD 2	20743		
	20e. METHOD OF DISPOSITION 1 XBurial_2 Cremation 3 Removed from 1	20b. I			f cemetery, crematory or		20c. LOCATION				
1	4 Oonetion 5 Other (Specify)	PERMIT		ncoln	Cemetery		Brentw	Brentwood, Maryland			
	21. BIGNATURE OF FUNERAL SERVICE DICENSEE 22. NAME AND ADDRESS OF FACILITY JO B. Jenkins Funeral Homo										
	March 13 11	ul	_		74 Landove				MD 20795		
	23. PART/1. Enter the diseases, or complicate abook, or heart feliure. List only IMMEDIATE CAUSE (Final			ot enter the	mode of dying, suc				Approximate Interval Between Onset and Death		
	disease or condition resulting in death)	DUE TO (OR AS A C	CONSEQUENCE OF	A	rost	•					
Z	Sequentially list conditions,										
Ĕ	if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A	ONSEQUENCE OF								
2	CAUSE (Disease or Injury	DUE TO (OR AS A C	ONSEQUENCE OF	•							
CERTIFICATION	that initiated events resulting in death) LAST			•							
	DART II Other significant conditions contain	182-m An				Book I as			1		
MEDICAL	PART II. Other aignificent conditions contribu	the under	lying ceusa given in		PERFORMED?		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?				
Σ					-				1 YES 2 NO		
ä											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? ADDITION: OTHER:										
إ ٪	1.01	Inpatiant 2 ER/Outpetiant 3 DOA 4 Nursing Home 8 Residence 8 Other (Specify) 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURE!									
BY P		(Month, Day, Year)	INJU	IRY	WORK?	28d. DESCRIBE NOW INJUNT OCCURED					
	3 Suicide 8 Could not be detarmined		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the least of the least of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the least one of the le								(a) and manner as stated.		
	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d. [DATE SIGNE	D (Month, Day, Year)		
BE	(N/Chala	-			D2 m	643	•	8/	1190		
임	30. NAME AND ADDRESS OF PERSON WHO COMPLE	TED CAUSE OF DEA	ГН (ITEM 27) <i>(Туре</i> ,	Print)	0 0			0 /	1.70		
	Joseph Vaughn, M.D. 6	492 Lando	wer Rd.	Lando	ver, Marv	land 2	0785				
	31. DATE FILED (Month, Dist) 16ar)	AUNGSON-NO	delle								
- 1	INTERNATION CONTRACTOR	CONTRACTOR CONTRACTOR	3.74								

E STATE OF THE STATE OF

THE OF CENTIFIER

31. DATE FILED (Month, Day, Year)
AUG 0 9 1990

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JAMES KAPLAN, MD 111 Pe

Julia Davidson-Randalla

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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hed for	APLE	6th
be detac	TO BE COMPLETED B	17. FATHE
Pould	98	19a. INFO
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ector, pa must b		20g. METI 1- Burl 4 Don
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.		Wa. 20g. METI 14 Burl 4 Don 21. Slow
by the		23. PAR
npletely filled in cremation, or r vent, the me		iMMEDi disease reaultin
ing physician and corgiene prior to bunial, other traumatic e	TIFICATION	Sequent If any, is cause. I CAUSE that init
ined by the attend atth and Mental Hi any Injury, or	DICAL CER	PART II.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	25. WAS C EXAN XXXXX 27. MANN XXXX 2
VAL DIRECT 72 hours a If Item 2	MPLET	29a. CERT
FUNER WITHIN	S	29b. SIGN
THE Fled MAN	O BE	
	F	30. NAME

											-	U	21914		
	FOR 1 - STATE REGISTRAR		STATE OF N					EALTH AND	MENTA	L HYGIEN	E				
	1. DECEDENT'S NAME (First,	Middle, Last)							2. DATE	OF DEATH			. TIME OF DEATH		
		Eth	nel	Μ.			Snip	es	MONT:	-7-90	Υ	YEAR	10:54AM M		
	4. SOCIAL SECURITY NUMB	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs.					ER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH		. BIRTHPI	LACE (State or Foreign		
	420-32-38	YRS.	MONTHI	DAYS	HOURS MIN.		(Month, Dey, Year) Country) 4-10-22 Alabama								
	9a. FACILITY NAME (If not in			9b. Cl		OR LOCATION OF D		ATH 9c. COUNTY OF DEATH							
5	3001 Seabe			Balt	imore Ci	ty		none							
	RESIDENCE OF DEC	10c. CITY, TOWN OR LOCATION						10d, INSIDE CITY							
	Marvland	Baltimore City (Cherry Hil						()	LIMITS?						
	10e. STREET AND NUMBER	110	ne		שמם	<u> </u>		ZIP CODE	one	TTY I	10g. CITIZEN OF WHAT COUNTRY? United States				
	3001 Sea	hurv	Road						212	25					
	11. MARITAL STATUS	Dar.y	12. WAS DECEDEN			10		ENDENT OF HISPA	NIC ORIGI	17 (Specify Yes		14. RACE -	- American Indian.		
	1 Naver Married 2 🔯		FORCES? 1					ecity Cuban, Maxico 2 - NO Specif		uerto Ricen, etc.) Black, W					
3	3 Widowed 4 Divo							Λ					roid		
i	(Specify only	EDENT'S EDU	completed)		(Give kind o	S USUAL	occupati e during me	ON set of working	168	. KIND OF BUS	SINESS/INDU	STRY			
1	6th grade	Elementary/Secondary (0-12) College (1-4 or 5+)					(Give kind of work done during most of working life. Do NOT use retired.)					Cleaners			
	17. FATHER'S NAME (First, M		none		Presser Clea										
5	- 02505-0-010-025-9		Lizzie Harper												
5	19a. INFORMANT'S NAME (7														
2	Walter S	Walter Snipes 3001 Seabury Rd. Baltimore. Md 21225													
	20g. METHOD OF DISPOSIT	IÓN	20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State												
	4 Donation 5 Other	(Specify)	\sim					al Park				Mary	rland		
	21. SIGNATURE OF FUNERIA	BENVICE LIC	CENSEE)		()	/ ²		vin B.		naac	Fune	ກດໄ	Homo		
	cass	n D	Xcr	Unga	S.	0	1412	E. Pre	esto	n St.	Bal	to.	Id. 21213		
	23. PART I. Enter the d	iseeses, or o	complications the	t caused the	deeth, Do								Approximata Interval Between		
	IMMEDIATE CAUSE (FIR												Onset and Death		
	disease or condition resulting in deeth)	\rightarrow					scle	rotic ca	rdio	vascul	ar_di	sease	=		
			DUE TO	(OR AS A CON	NSEQUENCE	OF):									
	Sequentially list condit		bDUE TO	(OR AS A COA	NSEOUENCE	OF):							 		
trany, leading to immediate cause. Enter UNDERLYING							ļ								
	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):														
resulting in deeth) LAST d PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part ii. 24s. WAS AN AUTOPSY 24b. WERE AL															
									AUTOPSY	24b. \	WERE AUTOPSY FINDINGS				
1 Uses 2 No COMPLETION OF DEATH?								AVAILABLE PRIOR TO COMPLETION OF CAUSE							
								OF DEATH?							
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:														
HOSPITAL: 1 Inpetient 2 ER/Outpatient 3 DOA A Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Ho															
	27. MANNER OF DEATH	Dandle -	28a. DATE Of (Month, E			IME OF NJURY	W	JURY AT DRK?	28d. DE	SCRIBE HOW	NJURY OCC	URED			
5	2 Accident	Pending Investigation	DO. D. 400	SP SAL MATTER		М		YES 2 NO			- 40	6.715			
3	3 Suicide 6 4 Homicide	Could not be determined		of INJURY — A etc. (Specify)	u nome, farm	ı, street, f	actory, offi	00		CATION (Street or Town, State		or Runal Ro	ure Number,		
4	29a. CERTIFIER	TIEVING BUVE	ICIAN: To the heat o		4 - 41		. Alex . Callin								

29c. LICENSE NUMBER

CCME

111 Penn Street, Baltimore, MD 21201

DHMH-16 Rev 1/89

VC

29d. DATE SIGNED (Month, Day, Year)

▶ 8-8-90

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2curs after death. Page 6 may be retained by the hospital or attending physican.
TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burlief-transit per be fled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlief, ceremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

										90	219	5
	1 - FOR STATE REGISTRAR	STATE OF I					EALTH AND I DEATH	MENTAL HYGIENI REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH MONTH DA	Y	YEAR	3. TIME OF DEATH	·
	Willia	Du 11	C.			ith		8-6-90			8:15AM	М
		5. SEX	6. AGE (In yrs. lest		IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTH Country	PLACE (State or Fon	eign
	= 10 00 0013	1 [X] M 2 □ F	73	YAS.				April 1,1			ew York	
_	9a. FACILITY NAME (If not institution, give stre				9b. CITY, 1		R LOCATION OF DE		9c, COL	INTY OF DI	EATH	- 1
2	725 E. 36th Str	eet.				Ba.	ltimore (City				
DIRECTOR	10a. STATE 10b. COUNTY			10c, CIT	Y, TOWN OR	LOCATI	ION				10d. INSIDE CITY LIMITS?	
1 2	Maryland			E	Baltim	nore	City				1 X YES 2 H	10
A	10e. STREET AND NUMBER					101.	ZIP CODE		10g. CI	IZEN OF W	HAT COUNTRY?	
E	725 E. 36th Street						212	18	Į	J.S.A	•	
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	FORCES?	NT EVER IN U.S. ARI		16	yes, spe	city Cuban, Maxica	IIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	or No-	14. RACE Black	— American India , White, stc.	
В	3 🕅 Widowed 4 🗌 Divorced	IF YES, GIVE	WAR OR DATES		1	YES	2 X NO Specify	γ:		Specif	% WHite	
ED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION ompleted)	16a. DEC	CEDENT'S	USUAL OCC work done du se retired.)	CUPATIO	N st of working	16b. KIND OF BUS	SINESS/IN	DUSTRY		\neg
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)					Travels 9	D			
M	11 Yr S 17. FATHER'S NAME (First, Middle, Last)		I Sa	lema	ın		40 1407117010 114	Truck &		'ts		-
	William	Sale	Sm	ith		- 1	Ruth	Elizab		1	aPaugh	
BE	19a. INFORMANT'S NAME (Type/Print)	3016			ADDRESS	(Street a		LIIZOU Route Number, City or Town			araugii	
2	Mr. Howard E. Smit	.h						ltimore, Md				
	20a. METHOD OF DISPOSITION			OF DISPO			netery, crematory or			- City or To	wn, State	
	1 X Burlel 2 Cremetion 3 Remov	rel from State	Dular	nev \	Valley	y 8	3/10/90	Tin	noni	um, M	ld.	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE Paul	L. Hartsoo	ck, Ji	C. 22. N	IAME AN	D ADDRESS OF FA	CILITY Baltim	ore,	Md. 2	21214	
	· for 0411	tom	600					ck, Inc.				
	23. PART i. Enter the disesses, Dr co	mplications th	at caused the de	eth. Do							Approxima	ite
	shock, Dr heert fellure. Li	et Dnly one ce	use on each line	١.				The contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract o			Interval Be Onset and	
	IMMEDIATE CAUSE (Finel disease or condition	Stabwo	unds to u	uppe:	r bacl	k						
	resulting in deeth)	DUE TO	O (OR AS A CONSEC	DUENCE C	PF):							
Z												
은	Sequentially list conditions, if any, leading to immediate	DUE TO	O (OR AS A CONSEC	QUENCE C	DF):							
2	CAUSE (Disease or Injury	-										
CERTIFICATION	that initiated events resulting in death) LAST	DUE 10	O (OR AS A CONSEC	DUENCE C	OF):							
빙	d.						_					
AL.	PART II. Other significent conditions	contributing to	o death but not r	resulting	in the und	derlying	g ceuse given in	Part I. 24a. WAS AN PERFOR		7 24b	WERE AUTOPSY FIL	TO
음		_						1 XX ES 2	□ NO		OF DEATH?	AUSE
ME								_			XX YES 2 N	ю
PHYSICIAN: MEDICAL												
2		HOSPITAL:			OTHER		ACE OF DEATH (C/					
ΥS	1º214ES 2 □ NO 27. MANNER OF DEATH	1 Inpetient 2	ER/Outpetient 3	DOA 26b. TII				6 Other (Specify)	N HIPV O	COURTE		_
	1 Natural 6 Pending	UKN	Day, Year)	IN IN	JURY M		PRK?	Subject			1	
D BY	3 Suicide 6 Could not be	26e. PLACE	OF INJURY At ho			ory, offic	•	261. LOCATION (Street City or Town, Stete)	and Numb	er or Rural	Route Number,	
COMPLETED	4 Homicide determined]	HOME			725 E. 36	th S	treet	.Baltim	ore,
APL	Correct Gray							to the cause(s) and me				
ŏ	one) XXXMEDICAL EXAMINER	: On the basis of	axamination and/or	investigat	lon, in my op	pinion, d	leath occured at the	time, deta and place, ar	nd due to	the cause(a) and menner as st	lated.
BE	29b. SIGN THE AND TITLE OF CERTIFIER						29c. LICENSE NU		29d. D/		(Month, Day, Year)	
-	/ / / / / / / / /	/X/	_					E		5	3-6-90	

ANN M. DIXON, MD

TED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 Penn Street, Baltimore, MD 21201

DHMH-18 Rev 1/89

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	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour	
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	DEPARTME			MENTAL HYGIE		20 21310
	1. DECEDENT'S NAME (First, Middle, Last) R	obert Clare		l'h a ye	r	2. DATE OF DEATH MONTH	8/5/90	3. TIME OF DEATH 15 40 M
	4 217-26-5525 5. -212-60-7924 11	SEX 6. AGE (in yrs. in 63	YRS. F UN	HS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 07/20/	27	BIRTHPLACE (State or Foreign Country) Maryland
OH O	90. FACILITY NAME (If not institution, give street St. Agnes Hosp	9b. 0		ltimore		9c. COUNTY	OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TOV		7.55			10d. INSIDE CITY LIMITS?
- 11	Maryland 10. STREET AND NUMBER		1	- T	imore zip code	000	10g. CITIZE	1 YES 2 NO
BY FUNERAL	330 S. Payson S 11. MARITAL STATUS 1 Never Married 2 M Married 3 Widowed 4 Divorced	UYCCU. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2		If yes, spe	NDENT OF HISPAN	223 IC ORIGIN? (Specify \ n, Puerto Rican, etc.)	les or No— 14	USA RACE — American Indian, Black, White, stc. Specify: White
COMPLETED		pleted) ((ECEDENT'S USUA Give kind of work do b. Do NOT use retin	one during mos ed.)	N t of working	0.00-111-12-17	USINESS/INDUS	TRY
M	8th		Pa	inter				L Painting
_	Frank Alber	t Thayer				ME (First, Middle, Maide nerine	Armstr	ong
BE	19a. INFORMANT'S NAME (Type/Print)		9b. MAILING ADDR	RESS (Street a		Route Number, City or R		
2	Henry I. Thayer		4205 Et	aclid	Avenue	Balti	more,	MD 21229
	20e METHOD OF DISPOSITION 1 K Burlel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)				etery, crematory or Cemeter		ocation — cm Baltin	y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE MOENS George E. M.	E MALL		22. NAME AN MacN	abb Fun		me, P.	Α.
ICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	only one cause on each lin	PEAD EQUENCE OF): CAR EQUENCE OF):	ME	TASTA		SEA.	t, Approximate interval Between Onset and Daeth
AL CERTIFI	that initiated events resulting in death) LAST PART ii. Other significant conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions co	ontributing to death but not	resulting in the	e underlying	cause given in	Part i. 24a. WAS	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
NEDIC						1 YES	2 (NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	OT		ACE OF DEATH (Ch	eck only one)		
YS!	1 TYES 2 140 1	Inputient 2 ER/Outputient	3 DOA 4 🗆			6 🗆 Other (Specify)		
BY PHYSICIAN:	27. MANNER OF DEATN 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJ WO M 1 1	RK?	28d. DEŞCRIBE NOV	V INJURY OCCU	RED
	2 Accident Investigation 3 Suicide S Could not be determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	nome, farm, street,			281. LOCATION (Stree City or Town, Sta		Rural Route Number,
COMPLET	one)	N: To the best of my knowledge, on the basis of axamination and/or						
TO BE C	29b. SIGNATURE AND TITLE OF CENTURER	M M	D		29c. LICENSE NUM	MBER	29d. DATE 5	8 0 5 9 0
			EM 27) (Type, Print)		J. AGN	ES HO	SPITI	AL
	31. DATE FILED (Mapth, Day 1990)	Sulia Davidous	Broker	-				

1101-Jey 1 1 BALTIMORE, MARYLAND 21203-33

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5	1	/
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as minimal and second many many physician and completely filled in by the funeral director, page 5 should be detached for use as minimal physician and beautiful and Mental Horizon physician and completely filled in by the funeral director, page 5 should be detached for use as minimal physician and physician and completely filled in physician and completely filled in the funeral director.	inch minimity in item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical marginer must be notified at once.

31. DATE FILEO (MONTH, Day, Year)
AUG 0 9 1990

1. OECEOENT'S NAME (First, Middle, Last) Joseph M. *Tatare	OSEPH	TATAF	REWI	CZ			2.	OATE OF DEATH	" 90	YEAR	3. TIME OF DEATH 3:30AM
	5. SEX	6. AGE (In yrs. Is	et birthday)			IF UNDER 24	HRS. 7.	DATE OF BIRTH		8. BIRT	HPLACE (State or Forei
219-03-0561	1 € M 2 □ F	68	YRS.	MONTHS	DAYS	HOURS A	m. 1	(Month, Day, Year) -1-22		MAF	RYLAND
9a. FACILITY NAME (If not institution, give street						OR LOCATION	OF DEATH	(9c. COL	UNTY OF	
Belair Convalesar	ium,6116	Belai:	r Rd.	Ba	alti	more					
10e. STATE 10b. COUNTY			10c. CI	TY, TOWN O	R LOCAT	TION	_				10d. INSIDE CITY
MARYLAND			BAI	LTIM	ORE						LIMITS?
10e. STREET AND NUMBER						. ZIP CODE			10g. CIT	TIZEN OF	WHAT COUNTRY?
SAME									USA	A	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Olvorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	RMED NO	11	f yea, sp		dexicen, P	ORIGIN? (Specify Yea uario Rican, atc.)		14. RAC Blac Spec	E — American Indian, ek, White, etc. ethy:
15. DECEOENT'S EDUCAT	TION	16a, D	ECEOENT'	B USUAL OC	CUPATIO	ON		16b. KIND OF BUS	SINESS/IN	1	
(Specify only highest grade co	College (1-4 or 5 +) //	e. Do NOT	work done duse retired.)	uring mo	est of working					
		ST	EVE	DORE				M. P.			
17. FATHER'S NAME (First, Middle, Last) IICHAEL TATAREW	TC7							(First, Middle, Meiden	,		
	102							PISKOR			
190. INFORMANT'S NAME (Type/Print) IR. JOSEPH N. TA	TADELLT							e Number, City or Tow			N.J. 0
20a, METHOD OF DISPOSITION 1/L/Burial 2 Cremation 3 Remove 4 Densetion 8 Other (Specify)	al from State	20b. PLACE	E OF DISPO	SITION (Na	me of cer	metery, cremeto	ov or	20c. LO	CATION -	- City or T	Town, State
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TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21203	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital of memory. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for up	
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ATTEN COTOR:	be filed within 72 hours after death with the State Lept. or readin and Merica hydrere prior to buria, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR		310.0	C	ERTIFIC	ATE OF	DEATH	REG. NO.	-		
1. DECEDENT'S NAME (First,	, Middle, Last)	0			TI		2, DATE OF DEATH OF	1/4/9	de n	OF DEATH 2:
STELLA A.	TYLI	SZ 5	TAN151	AWA	176	SZ	08 0	1 9	0 12	105AH
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. la		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPLACE (Si	tate or Foreign
219-05-16	16	1 🗆 M 2 😾 F	68	YRS.	ONTHS DAYS	HOURS MIN.	8/9/21		ocamy	
9e. FACILITY NAME (If not in	stitution, give st	reet and number)		9	b. CITY, TOWN	OR LOCATION OF O	EATH	9c. COUNT	Y OF DEATH	
CHURCH HO	SPITA	L CORPO	DRATIO	N	BALT	IMORE (CITY			
10a. STATE	10b. COUNTY			10c. CITY,	TOWN OR LOCAT	TION			10d, INSI	DE CITY
MD.				BAL	TIMORE	CITY				S 2 NO
10e. STREET AND NUMBER					10	. ZIP CODE		10g. CITIZE	N OF WHAT COU	NTRY?
715 S. PO	RT ST					21224	1	USA		
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2		If yes, sp	ENDENT OF HISPAI	NIC ORIGIN? (Specify Yea in, Puerto Rican, etc.)		4. RACE — Ameri Black, White, a Specify: VHITE	can indien, itc.
15. OEC (Specify onl)	EDENT'S EDUC by highest grade	CATION completed)	(1)	Give kind of wor	WAL OCCUPATION done during me		16b. KINO OF BUS	SINESS/INOUS	STRY	
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17. FATHER'S NAME (First, M						I The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the	ME (First, Middle, Maiden	Surname)		
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20e. METHOD OF DISPOSIT 1 □X Burlel 2 □ Crematic 4 □ Donation 5 □ Other	on 3 🗆 Remo	oval from State	HOLY	olaca)		METERY			ty or Town, State	
AT YGNATURE OF FUNETA	L SERVICE LIC	ENSEE			22. NAME A	ND ADDRESS OF FA	FUNERAL			
Katimord	4.	Lacren	ruch		2525	FLEET	ST. BALTO	. MD	. 2122	4
23. PART I. Enter the d	liseases, of c	complications the	t caused the d	eath. Do not	t enter the mo	ode of dylng, suc	th as cardled or respi	ratory arres		proximate ervai Between
IMMEDIATE CAUSE (Fir disease or condition resulting in dasth)		Termi			tatic	Adeno	Carein C Pria	ome		nset and Death
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PART II. Other algorifica	ant condition	e contributing to	death but not	resulting in	the underlyin	g cause given in	Part i. 24s, WAS AN PERFOR	RMEO?	COMPLET OF DEAT	TOPSY FINDINGS LE PRIOR TO TION OF CAUSE H? S 2 NO
25. WAS CASE REFERRED T	ID MEOCAL					LACE OF OPATH ST	I .			
EXAMINER?	MEDICAL	HOSPITAL:			OTHER:	LACE OF OEATH (C				
1 YES 2 NO	_	1 Inpatient 2 E		26b. TIME		ne 6 🗆 Residence	6 Other (Specify) 28d, OESCRIBE HOW	N IIIDV AAA	IDED	
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ann)	· · · · · ·						e to the cause(e) end me e time, date end place, er			nner ee stated.
29b. SIGNATURE AND TITLE	E OF CERTIFIE	-atta	1,	MO		29c LICENSE NU D37	725	29d. DATE	SIGNED (Month, L	Day, Year)
Sabah t	PERSON WH	- Otto	ISE OF OEATH (IT	EM 27) (Type, F	T H	espita	1, Batt	inev	e, Ki	0.
31. DATE FILED MONTH CON	J 199	O 32. BEGINA	SIGNATURE	Mandelle						

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2—flours after death. Page 6 may be retained by the hospital or attending physician.

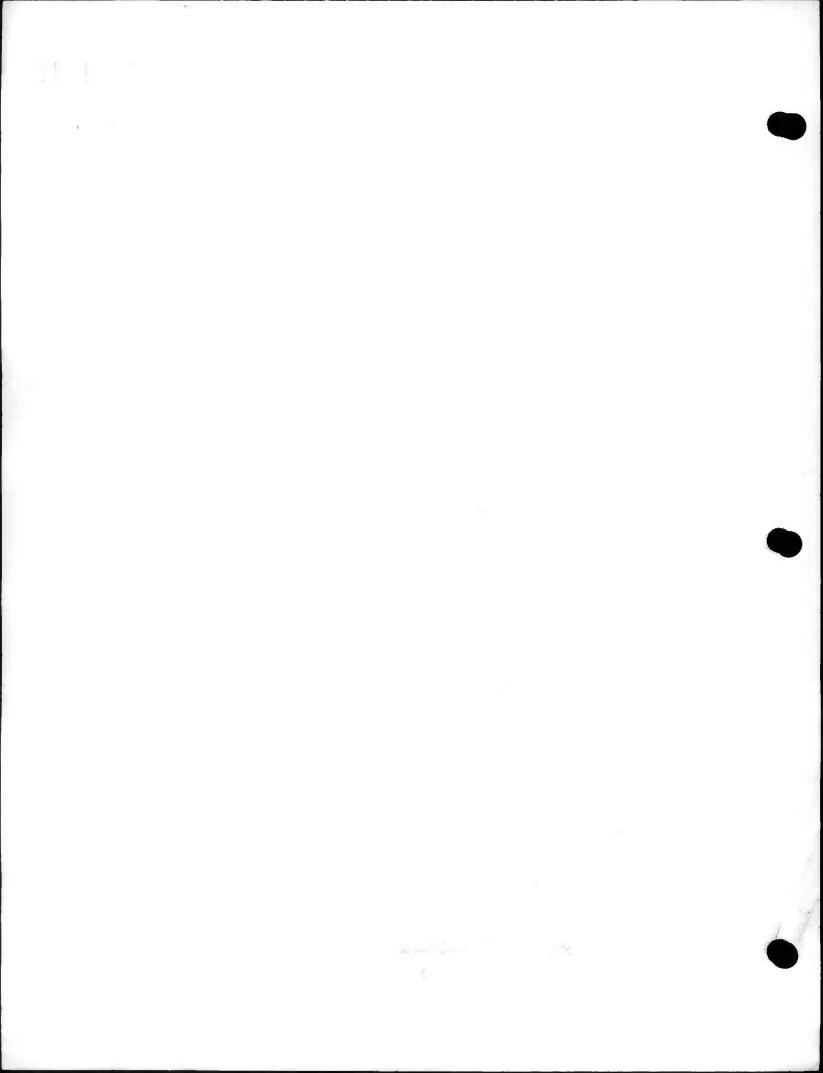
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. ours after death. Page 6 may be retained by the hospital or attending physician.

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENT	AL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN		-1313
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
LEROY M VENEY					MONTH DA		13:03 m
4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTI Count	IPLACE (State or Foreign
213-16-4350	1½ M 2 □ F 72	YRS.	NTHS DAYS	HOURS MIN.	2-01-1918		yland
9a. FACILITY NAME (If not institution, give a	treet and number)	96	. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY OF C	EATH
UNION MEMORIAL	HOSPITAL	В	ALTIMO	RE, CITY			
10a. STATE 10b. COUNT	Y	10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
Md.		Ba	ltimo	re			1 N YES 2 NO
10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
4432 St. Geor	ges Ave.			21212		US	SA .
11, MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED			IC ORIGIN? (Specify Yea n, Puerto Rican, atc.)	or No- 14. RAC	E — American Indian, ik, White, etc.
1 Never Married 2 X Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	TES X.		2 NO Specify			w Black
15. DECEDENT'S EDU	l Interior	16a. DECEDENT'S US			I au unus es sus		
(Specify only highest grade	o completed)	(Give kind of work	done during mo-	st of working	16b. KIND OF BUS	INESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Driv			City	Mainten	ance
1.2 17. FATHER'B NAME (First, Middle, Last)		DIIV	EL	18. MOTHER'S NAI	ME (First, Middle, Maiden		ae
Matthew Veney	•				e Forres		
19a, INFORMANT'S NAME (Type/Print)		196. MAILING AD	DRESS (Street a		Route Number, City or Town		
Kevin Veney		6109	B Th	e Alame	da Balt	o. Md.	21212
20a. METHOD OF DISPOSITION	20b.	PLACE OF DISPOSITI				CATION — City or T	
1X Burial 2 Cremation 3 Rew 4 Donation 5 Other (Specify)	ioval from State	other place) estern S	tar C	emeterv	Cat	onsvill	e Md.
21. SIGNATURE OF FUNERAL BERVICE		DO COLIT D		D ADDRESS OF FAC	CILITY		
1	1 0						Ones F.H.
23. PART I. Enter the diseeses, Dr	complications that the same	the death. Do not			ights Av		Approximata
ahock, or haert fellure.	List only one course on ea	ich line.	enter the mo	de or dying, suci	n as cardiac or respi	ratory arreat,	Interval Between
IMMEDIATE CAUSE (Final disease or condition		1 0 .	7				Onset and Death
resulting in death)	DUE TO (OR AS A	A P SOID	Jare	4000			100
	a heart -						
Sequentially list conditions,	OUE TO (OR AS A	CONSEQUENCE OF):				11	
If any, leading to immediate cause. Enter UNDERLYING							
CAUSE (Diseese or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):				36 405.	
resulting in death) LAST	d					37.11	
PART II. Other significent condition	na contributing to death b	ut not resulting in	the underlyln	n ceuse alven in	Part I. 24s. WAS AN	ALITOPRY 1 24	b. WERE AUTOPSY FINDINGS
	+ metastati				PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
10		10 0	0.00		1 _ YES 2	Ø NO	OF DEATH?
liver disease	۷	-			— <u> </u> ; ;	-10	1 TYES 2 MANO
25, WAS CASE REFERRED TO MEDICAL	T		24 24	LACE OF DEATH (Ch	eck paly one)	, , , , , , , , , , , , , , , , , , ,	
EXAMINER?	HOSPITAL:		THER:				
27. MANNEB-OF DEATH	28a, DATE OF INJURY	28b. TIME C	OF 28c. IN.	IURY AT	6 ☐ Other (Specify) 28d. DESCRIBE HOW I		
1 Netural 6 Pending	(Month, Day, Year)	INJUR	Y WC	YES 2 NO			
2 Accident Investigation 3 Suicide 6 Could not be	26s. PLACE OF INJUSTY	— At home, term, stre	et, tactory, offic		28t. LOCATION (Street)		Route Number,
4 Homicide determined	building, atc. (Spec	ily)			City or Town, State)		- C
29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my knowl	ledge, death occurred	at the time date	and place and due	to the cause(a) and may	nner as stated	1
(Crieck only	IER: On the beals of examination	THE COURSE OF SECURE			Section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the sectio		(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE		ies and issued to	- (*:-*===================================	29c. LICENSE NUI			D (Month,) Day, Year)
7 11	M			27th LIVENSE NUI	MOEN.	AND DATE SIGNE	o turnificant man
30, NAME AND ADDRESS OF PERSON W	HO COMPLETEO CAUSE OF OE	ATH (ITEM 27) (Time Pi	rint)	L			,
Ted Hook.	EIMH <	201 E.	NIV PK	we B	elt MD	2(711	
31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGN	ATURE	CIO 1.	-	-1111	UVI	AST -0.0
AUG 09 190	90 Siche Davidson	- Bonde BL					4 60 V



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	• STATE REGISTRAR	CERTIFIC	ATE OF	DEATH	REG. NO.		
	1. DECEOENT'S NAME (First, Middle, Lust) ROY No WIRICE, Sr				2. DATE OF GEATH DAY	YEA 92	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In) $245 \ 34 \ 396$ 1 $\boxed{4}$ M $_2$ \bigcirc F 6 $\boxed{2}$		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year)	Co	RTHPLACE (State or Foreign buntry)
POR	9a. FACILITY NAME (If not institution, give street and number) 1300 SCCOURS HOSPITAL	/ 8	BALA,	R LOCATION OF DE	CITY	9c. COUNTY O	F DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	1	TOWN OR LOCAT				10d. INSIDE CITY
	MARKAND	10	SALIM		174		1 YES 2 NO
FUNERAL	504 EDGEWOOD STAFE		10f.	ZIP CODE	29	410	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, spe		IC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	8	ACE — American Indian, Black, Whita, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5+)	Sa. DECEDENT'S US (Give kind of wor life. Do NOT use i	rk done during mos		Bethle		
BE CON	The Ray Wrice			18. MOTHER'S NAI	ME (First, Middle, Malden	terohn	
TO B	Dorothy Wrice	19b. MAILING AI	DDRESS (Street a	ng Number or Rural F	ST BO	state, Zip Code	1 21229
		LACE OF DISPOSIT	Park	netery, cremetory or	20c. LOC	ATION - City of	or Town, State
	21. SIGNATURE OF POWERAL SERVICE LICENSEE Autia Chron		22. NAME AN	O ADORESS OF FAM	E. H. WE	bach	Ave
	23. PART I. Enter the disesses, or complications that caused to shock, or heart failure. List only one cause on sac	hs death. Do not	t enter ths mo	ds of dying, suci	h sa cardisc or respin	retory srrest,	Approximate interval Batween
	IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	rist	em	Cia	ebior	neu	Onset and Death
CERTIFICATION	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	ZULIONSEOUENCE OF):	a pur	n ellitu	s Un	cin	troller
MEDICAL	PART II. Other significant conditions contributing to deeth but	not resulting in	the underlying	g ceuse given in	Part I. 24s. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL EXAMINER? HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)		
IX	1 YES 2 NO 1 I Inpetient 2 ER/Outpett 27. MANNER OF DEATH 25e. DATE OF INJURY		☐ Nursing Hom		8 ☐ Other (Spec/ly) 26d. DE\$CRIBE HOW II	HIBA OCCIBE	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation (Month, Day, Year)	INJUI	M 1 U	RK? /ES 2 NO			
ETED	3 Suicide 6 Could not be detarmined 26a. PLACE OF INJURY — building, atc. (Specify	At nome, farm, str	eet, factory, offic		261. LOCATION (Street a City or Town, State)	ind Number or Ri	rel Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 MEDICAL EXAMINER: On the best of examination of						se(s) and manner ea stated.
8	20b. SIGNATURE AND TITLE-OF CERTIFIER R. CVI	NZ.	m)	29c. LICENSE NUM	1803 ST	29d. DATE SIG	NED (Month, Day, Year) 4 / 90
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT	O I JOO. R	rine) Sal				

urs after death. Page 6 may be retained by the TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the INTO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detune to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND

junat-transit permit. Pages 1, 2, 3 should

IMPORTANT: If teem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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	FOR 1 - STATE REGISTRAR	STATE OF M				F HEALTH AND OF DEATH	MENT	AL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) And	rew	J.		Walla	ce, Sr.		TE OF DEATH NTH DAY	YI	EAR	2:57PM m
Ì	4. SOCIAL SECURITY NUMBER 216-24-5597	5. SEX 1 💢 M 2 🗌 F	6. AGE (In yrs. less	YRS.	IF UNDER 1 YE MONTHS DA	YS HOURS MIN.	3-	re of BIRTH onth, Day, Year) -29-1928	8.	BIRTHPLA Country)	Md
5	99. FACILITY NAME (If not institution, give str 2502 OSWEGO AVE				96. CITY, TOWN OR LOCATION OF DEATH Baltimore City 9c. COUNTY OF DEATH						
DIRECTOR	10a. STATE 10b. COUNTY				timor			10d. INSIDE CITY LIMITS? 1 K YES 2 □ NO			
FUNERAL I	100. STREET AND NUMBER 2502 OSWego A	\venue				101. ZIP CODE 21215			18g. CITIZEN OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	MED	13. WAS	American Indian, hite, etc. Black							
COMPLEIED	(Specify only highest grade completed) (Give kind of					'S USUAL OCCUPATION 16 work done during most of working use retired.) Montgol					
BE COM	17. FATHER'S NAME (First, Middle, Last) Mose Wallace							ol, Middle, Melden S letcher	iurname)		
190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 2502 OSWEGO Avenue Baltimore, Md 21215											
	20e METHOD OF DISPOSITION A Buriel 2 Cremetton 3 Remo		206. PLACE Garr	of oispos 1 SON	Fores	of cometery, cremetory or t Veteran			ings 1		-011
	21. SIGNATURE OF BUNEAU SERVICE LIC	Gliron)		Ma	rch F/H We	est	nue			
	23. PART I. Enter the diseases, or c shock, or heart feilure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	lat only one ceu	osclero	tic o	cardio	vascular d			atory arres	t,	Approximate Interval Between Onset and Death
Z C	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
RTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	à	(OR AS A CONSE								
CERT	resulting in death) LAST	1									
MEDICAL	PART II. Other algnificant condition	a contributing to	desth but not i	reaulting	in the unde	rlying cause given i	n Part I	24a. WAS AN A PERFORI	MED?	CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
								INSPEX	CTION	1	□ AES XXXV0
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? XIX XES 2 \(\square\) NO	HOSPITAL:	☐ ER/Outpatient 3	DOA	OTHER:	26. PLACE OF DEATH (C					
ВУ РН	27. MANNER OF DEATH XIXIMITER 5 Pending 2 Accident Investigation	28a. DATE Of (Month, L		26b. TIR		c. INJURY AT WORK?	28d.	DESCRIBE HOW IN	JURY OCCU	REO	
	3 Suicide 6 Could not be 4 Homicide detarmined		OF INJURY At he arc. (Specify)	ome, farm,	street, factory	, office	281.	LOCATION (Street a City or Town, State)	nd Number or	Rurai Rou	te Number,
3 Suicide 6 Could not be detarmined building, stc. (Specify) 4 Homicide detarmined City or Town, State) 29a. CERTIFIER (Check only or Town) State) 29b. CERTIFIER (Check only or Town) State) 29c. CERTIFIER (Check only or Town) State) 29c. CERTIFIER (Check only or Town) State) The best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.										nd manner ee stated.	
O BE C	ZIN SIGNATURE AND TIPLE OF CERTIFIE					29c. LICENSE N	_			3-7-9	fonth, Day, Year)
-	30. NAME DRESS OF PERSON WH FRANK PERETTI, MI)		11.		Street,Ba	alti	more,MD	21201		VC
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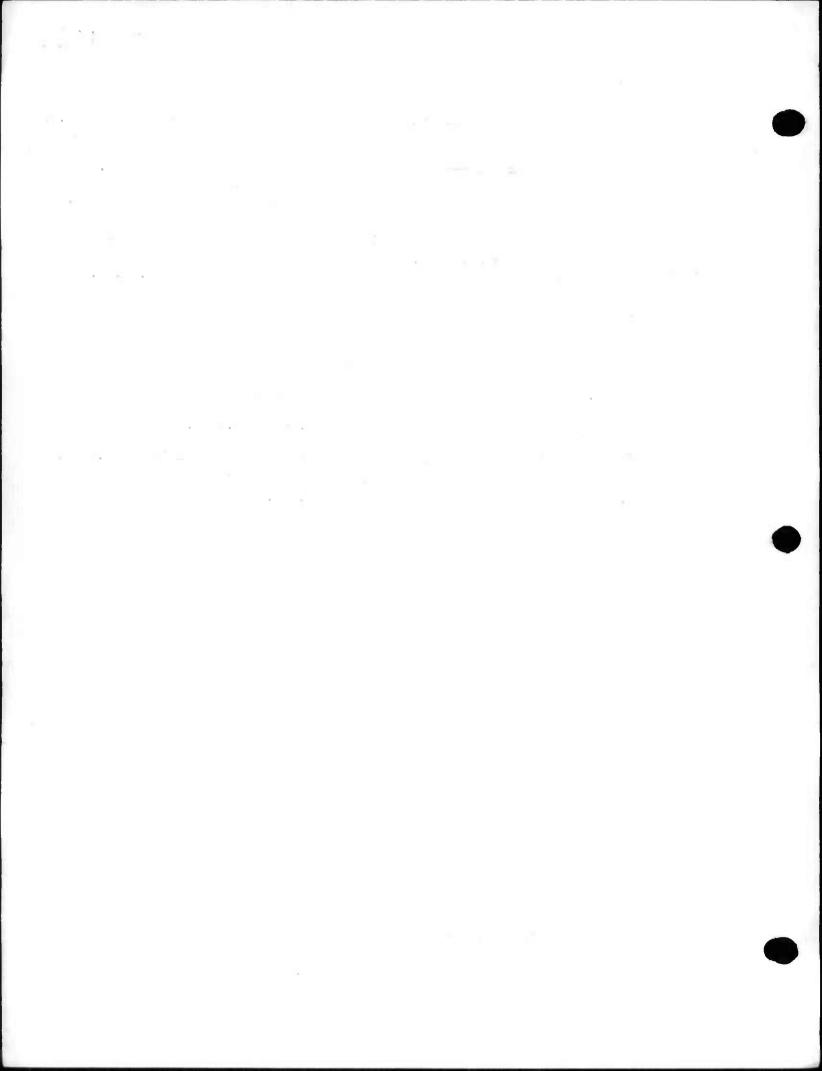
DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. THE FUNERAL DIRECTOR: After this certificate has been agined by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the thost TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached he filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: it flow 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M	ENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA			MENTAL	HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest)	Catherine Vic	ola Ainsli	e		2. DATE O	OF DEATH8	6-90	AR I	12:35 M	
	213-10-0536D	5. SEX 6. AGE (In	yrs. lest birthday) YRS. WON	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE O (Month,	22 - 9	9	BIRTHPLA Country)	CE (State or Foreign	
TOR	98. FACILITY NAME (If not institution, gives: Frederick V/ RESIDENCE OF DECEDENT	Frederick VILLA NURSING Home BALTIMORE County Baltimos									
DIRECTOR	10e. STATE 10b. COUNTY	CITH		wn or Locat	TON			16d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	10-STREET AND NUMBER -5-18 Charins	Baltimore R			ZIP CODE 11229			10g. CITIZEN OF WHAT COUNTRY?			
BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 Tyes IF YES, GIVE WAR OR DAT	2 ANO	ECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— specify Cuben, Mexican, Puerto Rican, etc.) ES 2 (240 Specify: W)					White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	DN 16b. KIND OF BUSINESS/INDUSTRY								
MP	17. FATHER'S NAME (First, Middle, Lest)	N/A	ewife	18. MOTHER'S NA	100 (F) - 1	N/A					
	John S.		Contract of the	Yeag		sumame)					
) BE	19a. INFORMANT'S NAME (Type/Print)		196, MAILING ADI	ORESS (Street a	nd Number or Rural			, State, Zip Coo	de)		
2	Michael Collins	3	325 Wh:	itfield	d Rd	Balto	., Md.	2122	8		
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)Entombment 20b. PLACE OF DISPOSITION (Name of cametery, crematory or other place) Lorraine Park Mausoleum Cemetery Baltimore Co., Md.										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 5151 Baltimore National Pike										
	G. Truman	Schwab			more, Md						
z	iMMEDIATE CAUSE (Final disease or condition resulting in death)	s. ATHLOSC DUE TO (OR AS A 6		en	6010 VA	300C	AL	DISE	156	interval Between Onset and Death	
CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST										
PHYSICIAN: MEDICAL C	PART II. Other algorificant condition DEMETIA DIVERTIEUCE		it not resulting in t	he underlyin	g cause given in	Part I.	24e. WAS AN PERFOR	MED?	CO DF	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO	
2	Biverior					_			,,	3 120 1 7 110	
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1100001711			LACE OF DEATH (C	heck only one	9)				
YSIC	1 TYES 2 NO	HOSPITAL: 1 Inputient 2 ER/Output		Nursing Hom	ne 5 🗆 Residence	8 🗆 Other	(Specify)				
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WC	URY AT DRK? YES 2 NO	28d. DEŞ	CRIBE HOW II	JURY OCCUR	ED		
	3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJURY building, etc. (Special	— At home, farm, streety)	et, fectory, offic	:•	261, LOCA City o	ATION (Street a or Town, State)	nd Number or i	Rural Flout	Number,	
COMPLETED	one)	ICIAN: To the best of my knowle ER: On the basis of examination							ause(a) ar	d menner as stated.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	R / /	0		29c. LICENSE NU	MBER		29d. DATE S	GNEO (Me	onth, Day, Year)	
TO B	Chit!	Cup	CMD		D25 8	-44		1 8	- 2	.90	
É	30. NAME AND ADDRESS OF PERSON WI	Connelipo	eo, no	n) 5411	000	FLEO	CR.CK	RO	BA	J. 3922	
	31. DATE FILED (Month, Day, Year) AUG 1 0 1990	Fulla Davidson-	fandell.								



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IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medic

BASANT K. KHANDEL WAI 31. DATE FILED (Month, Day, Year)** AUG 1 0 1990

	1 - FOR STATE REGISTRAR	SINIE UP II	IAKTLAN	CERTIF					MEN	AL HYGIEN REG. NO.	5		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DAT	E OF DEATH	Y	YEAR	3. TIME OF OEATH
	SARAH AN								AUC			90	9:00 P M
-	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yr	s. last birthday)	MONTHS 1	YEAR DAYS	IF UNDER	MIN,	(Mo	E OF BIRTH nth, Day, Year)	8. BIRTHPLACE (S Country)		HPLACE (State or Foreign ry)
		1 🗌 M 2 💢 F		88 YRS.	MONTHS DATE HOURS MIN.				SEPT. 12,1901				IARYLAND
	9a. FACILITY NAME (If not institution, give street and number)					TOWN 0	R LOCATI	ON OF DI	EATH		9c. COU	NTY OF D	PEATH
5	NORTH ARINDEL HOSPI	TAL -301 HOS	PITAL D	RIVE	GLEN BURNIE					ANNE	ARUN	DEL	
DINECTOR	10e. STATE 10b. COUNT				r, TOWN OF	R LOCAT	ION						10d. INSIDE CITY
	MARYLAND ANN	E ARUNDEL	,	GL	EN BU	RNI	E						LIMITS?
	10e. STREET AND NUMBER					101	ZIP COD	E			WHAT COUNTRY?		
UNEHAL	102 CRAIN HWY. APT. 876 21061 U.S								.A.				
5	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1								IN? (Specify Yea o Rican, atc.)	or No-	14. RAC	E — American Indian, k, White, atc.
	1 Never Married 2 Married 3 WWidowed 4 Divorced	IF YES, GIVE W					2 X NO					Spec	
	15. DECEOENT'S EDI	ICATION	1 16	a. DECEDENT'S	HSHAL OC	CHRATIC	NA .		L	8b. KIND OF BUS	INEGE/IN	DUSTEY	MILLE
	(Specify only highest grad	completed)		(Give kind of a	vork done d	luring mo	st of worki	ng	- 1	ob. Killo of Bot	JII (2007) 1	0001111	
	Elamentary/Secondary (0-12) 7th	NONE	'	HON	1EMAK	ER				Н	OME		
COMPL	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (Fire	, Middle, Maiden			
BE C	LOUIS GIESLER						AN	NA		(U	NKNO'	WN)	
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street a	nd Numbe	r or Rural	Route Nu	mber, City or Tow	n, State, Zi	p Code)	
-	MADGE A. HUBBARD 102 CRAIN HWY. GLEN BURNIE, MD. 21061												
	20s. METHOD OF DISPOSITION 1												
	4 Donation 6 Other (Specify)		-	GARDENS						BAL	TIMO	RE,	MD.
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	1.		22, 1	NAME A	NO ADDRE	SS OF PA		SINGLET	ON F	UNER	AL HOME
	M. Heory	e Hye	Ein										MD. 21061
	23. PART I. Enter the dieeeses, or ahock, or heert feliure	complications the	t coused the	a deeth. Do i	nDt enter	the mo	de of dy	ing, suc	ch as co	erdisc or reap	iratory a	rreat,	Approximeta Interval Between
	IMMEDIATE CAUSE (Final	-				0			0	^			Onset and Death
	disesse or condition resulting in death)	*	cons	ieshu	1	ens	200	t	1	alur			
		DUE TO	(OR AS A CA	INSEQUENCE O	F):								
5	Sequentially list conditions,	b	(OR AS A CO	ONSEQUENCE O	F):								
4	if any, leading to immediate cause. Enter UNDERLYING												
HILICATION	CAUSE (Diseese or injury that initieted events	DUE TO	(OR AS A CO	ONSEQUENCE O	F):								
2	reaulting in deeth) LAST	d											
	PART ii Other significant condition	ne contribution to	death but	not resulting	in the co	ate at star		given in	Part i.	24e, WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDINGS
5									MAN AND F DOLOR TO				
	61	dos 7	100	1 04	in the un	deriyin	g ceuse						COMPLETION OF CAUSE
	Chronic Reconst	dost		1	sca o	Const	t to			1 TYES			OF DEATH?
	61	dost	Card	1	na h	fav	to						COMPLETION OF CAUSE
	Recent Atril 25. WAS CASE REFERRED TO MEDICAL	dost Myon fibral		1	na	far	LACE OF			1 🗆 YES			OF DEATH?
	Chronie Recent Atrial	dost	Card	del	OTHER	26. P	LACE OF	DEATH (C)	heck only	1 🗆 YES			OF DEATH?
	Recent Recent Recent Atrial 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 PMO 27. MANNER OF DEATH	Mysi fbmi Hospital:	ER/Outpath	ent 3 DOA	OTHEF	26. Planting Horn	LACE OF	DEATH (C)	heck only	1 TYES 2	⊇ □ NO	CCURED	OF DEATH?
PHTSICIAN: MEDICAL	Chronic Recoud Atric 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PMO	HOSPITAL: 1 Umpetiant 2 28. DATE Of (Month, L.	ER/Outpatic INJURY lay, Year)	em 3 DOA 26b. TIN	OTHEF 4 Num	26. Pl R: ning Hon 28c. IN. WC	LACE OF HOURY AT DRK? YES 2	DEATH (C)	heck only	1 U YES :	⊇ □ NO	CCURED	OF DEATH?
BY PHYSICIAN: MEDICAL	Chronic Recond Recond Ahal 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH 1 Matural 8 Pending	HOSPITAL: 1 Propertient 2 28s. DATE OF (Month, L. 28s. PLACE O	ER/Outpatic INJURY lay, Year)	ent 3 DOA 26b. Tili	OTHEF 4 Num	26. Pl R: ning Hon 28c. IN. WC	LACE OF HOURY AT DRK? YES 2	DEATH (C)	8 O 28d. I	1 U YES :	INJURY OF		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Mitural 8 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be datarmined	HOSPITAL: 1 Defiperient 2 (28e. DATE: 28e. PLACE (building)	ER/Outpetle INJURY ay, Year) OF INJURY — etc. (Specify)	ant 3 DOA 26b. Tilk IN	OTHEF 4 Nurrille OF JURY M	26. Pl R: aling Hon 28c. IN. WC 1 ory, office	LACE OF INDEX AT DRKY? THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA	DEATH (C)	8 O 28d. I	1 VES :	INJURY Of	er or Rural	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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IED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Different 2 28e. DATE Of (Month, L 28e. PLACE C building.	ER/Outpath ER/Outpath EN/URY ey, Year) OF INJURY — etc. (Specify)	ant 3 DOA 26b. Tilk IN At home, term,	OTHEF 4 Nurrelle OF JURY M atroet, factored at the time of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street	26. Pl	LACE OF HOR 8 FRY AT PRICE 2	DEATH (Cr tesidence	8 O 28d. I	1 VES :	INJURY Of and Number	er or Rural	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
MPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 8 Pending Investigation 3 Suicide 6 Could not be datarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHY	HOSPITAL: 1 Different 2 28e. DATE Of (Month, L 28e. PLACE C building.	ER/Outpath ER/Outpath EN/URY ey, Year) OF INJURY — etc. (Specify)	ant 3 DOA 26b. Tilk IN At home, term,	OTHEF 4 Nurrelle OF JURY M atroet, factored at the time of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street	26. Pl	LACE OF HOR 8 FRY AT PRICE 2	DEATH (Citation NO NO No No No No No No No No No No No No No	8 O 28d. I	1 VES :	INJURY Of and Number	er or Rural	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

GLEN BURNIE, MARYLAND 21061

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TO BE C	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at		TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2011 after death. Page 6 may be retained by
•	9		age 5	20
	nst		tor, p	5 may
	E TO		direc	306
	xamin		funeral	Seath. P
	cal	moval.	y the	after
	med	Or re	ul p	Mours
	the	ation.	ly fille	12 1
	event	he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	mpiete	d with
N	atic	burial	oo pu	ecute
ATIC	wne.	or to	cian a	pe ex
FIC	ner to	ne pri	physi	ficate
FF	r off	Hygie	nding	Certi
CE	ny.	ental	atte	death
AL	를	M pu	by the	t the
OIG	s any	alth a	Daug	ss tha
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	show	of He	een sig	require
A	23	Dept.	has b	wel a
SIC	Hem	State	icate	ě.
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PLE	iten	hour	DIR.	L OR
MO	Ë	72 nin 72	VERA	SPITA
E C	HIA	d with	E FLIR	E HO
8 0	MPG	e file	HI O	H O
	-	-	-	-

30. NAME AND ADDRESS OF PERSO

Collin

31. DATE FILED (Month, Day, Year)

AUG 1 0 1990

N WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

	The distribution of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state o	i. NO.							
	1. DECEDENT'S NAME (First, Middle, Last) BLANCHE M. BANKINS 2. DATE OF DEA	17H 18 9 490	3. TIME OF DEATH SPM M						
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 XF 8. AGE (In yrs. last birthday) 1 F UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRT. (Month), Qpy, Y 3 - / -	0,3	BIRTHPLACE (State or Foreign Country) M D						
OR	98. FACILITY NAME (If not institution, give street and number) 1015 N. FULTON AVE. 96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE, CITY	9c. COUNTY	OF DEATH						
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE, MD.		10d. INSIDE CITY LIMITS? 1 YES 2 NO						
FUNERAL	100. STREET AND NUMBER 1015 N. FULTON AVE.		OF WHAT COUNTRY?						
ВУ	3 X Widowed 4 Olvorced IF YES, GIVE WAR OR DATES		RACE — American Indian, Black, White, atc. Specify: B L A C K						
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) UNEMPLOYED 15a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) UNEMPLOYED	OF BUSINESS/INDUS	TRY						
BE COM									
TO B									
	ACCOUNTS OF STATE ARCHORDERS ARBUTUS MEMORIAL GARDENS	ARBUTUS							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C. MARCH F.H.	1101 E.	NORTH AVE.						
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or shock, or heart failure. List only one cause on each line.	r reapiratory arres	Interval Between						
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Danke myocardial inforcation Due to (or as a consequence of):								
	disease or condition resulting in death) a. Barte myocardeal Afactor DUE TO (OR AS A CONSEQUENCE OF): 45CVD Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myocardeal Afactor Grant Myoc								
TION	Sequentially list conditions, if any, leeding to immediate		17/						
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST								
CER		WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS						
MEDICAL		PERFORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
			1 Tes 2 No						
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	n/fiv)							
PHYSICIAN:	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO	E HOW INJURY OCCU	REO						
ED BY	2 Accident investigation 28e, PLACE OF INJURY — At home, farm, street, factory, office 28f, LOCATION	(Street and Number or n, State)	Rural Route Number,						
COMPLET									
BE CO	296. SIGNATURE AND TITLE OF CERTIFIER		SIGNED (Month, Day, Year)						
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typs, Print)	- 0	11110						

3

14 West Cold

BeltoMDZILO

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. The forest after death. Page 6 may be retained by the heaping TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

1		FOR STATE REGISTR	AR
	1. 0	ECEDENT'S	NA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE (OF DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YE/	3. TIME OF DEATH	
ľ	CATHERINE		BURRI	ET_iT_i		8 6	M.		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. /	AGE (In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH	8.8	HRTHPLACE (State or Foreign	
	217-26-3902	1 🗆 M 2 🗔 E	82 YRS.	MONTHS D	YS HOURS MIN.	(Month 20ay, Year)	3	(Country) MD	
1	9a. FACILITY NAME (If not institution, give st	00 00	02	at 0000 00					
~					WN OR LOCATION OF D		9c. COUNTY	OF DEATH	
DIRECTOR	2135 HOMEWOOD RESIDENCE OF DECEDENT	AVENUE		BA	LTIMORE	CITY			
5								10d. INSIDE CITY	
2									
0	MD		BA	LIIMU	RE, CITY			1 XYES 2 NO	
A	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	2135 HOMEWOO			21218		U	SA		
3	11. MARITAL STATUS	12 WAS DECEMENT EV	ER IN U.S. ARMED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Specify Ye	or No 14. I	BACE - American Indian.	
B	3 💢 Widowed 4 🗌 Divorced	TE TES, GIVE WAY	ON DATES	.] ''	TES 2 NO Specif	у.		Specify: BLACK	
	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S	USUAL OCCU	PATION	16b, KIND OF BU	SINESS/INDUST	RY	
COMPLETED	(Specify only highest grade		(Give kind of s	work done during retired.)	g most of working			·	
ž	7 t h	College (1-4 or 5+)		MESTI					
Σ			1 00	MEDII					
8	17, FATHER'S NAME (First, Middle, Last)	1 7 2 44 6				AME (First, Middle, Malden			
BE	GEORGE WIL	LIAMS				A BRYAI			
9	19a. INFORMANT'S NAME (Type/Print)	1.0.0				Route Number, City or Tox			
F	BARBARA COLEM	TAN	213	5 HO	MEWOOD A	VEBALT	IMORE,	MD. 21218	
	20a, METHOD OF DISPOSITION		20b. PLACE OF DISPOS	SITION (Name	of cemetery, crematory or	20c. LC	CATION City	or Town, State	
	1 (X Burial 2 Cremation 3 Ram 4 Donation 6 Other (Specify)	oval from Stata	M T C A	LVARY	CEMETE	RY AN	NE ARU	NDEL CO, MD.	
	21, SIGNATURE OF FUNERAL SERVICE LIG	CENSEE			ME AND ADDRESS OF FA			,,,,,,,	
	-	1/1	-						
	Thrank	1 The	200	5/M	C. MARCH	F.H. 110	1 E. N	ORTH AVE.	
	23. PART I. Enter the diseases, of			-				Approximate	
	shock, or hasrt fallure.	List only one cause	on each line.					Intarval Batween Onset and Death	
	IMMEDIATE CAUSE (Finel disease or condition 1 (Now Miletto M 2 M)								
	reaulting in death)	a	AS A CONSEQUENCE O					- 700	
		DOE TO (OR			Cample -			2	
S	Sequentially list conditions, Due to (or as a consequence of):								
CERTIFICATION	If any, leading to immediate cause, Enter UNDERLYING	DOE TO (OR	AS A CONSEQUENCE O	r):					
2	CAUSE (Disease or Injury	c							
片	that initiated eventa resulting in death) LAST	OUE TO (OR	AS A CONSEQUENCE O	P):				i I	
H	Testiting in death) CAST	d							
0	PART II. Other algnificant condition	a contributing to de	ath but not regulting	In the unde	riving cause alven ir	Part I, 24a. WAS AI	AUTOBEV	24b. WERE AUTOPSY FINDINGS	
EDICAL							RMED?	AVAILABLE PRIOR TO	
ă l	Atrial filorille	ition, in	mark the	enlen	a amon	1 TES	2 🗌 NO	COMPLETION OF CAUSE OF DEATH?	
ME	poley cutale	is Elman	ic Simb	H				1 TYES 2 NO	
=	ا								
A	25. WAS CASE REFERRED TO MEDICAL				28. PLACE OF DEATH (C	heck only one)			
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	10-11-11-1 2 G 004	OTHER:					
₹	27. MANNER OF GEATH	28e. DATE OF INJ			Home 5 Residence	28d. DESCRIBE HOW	IN ILIEN OCCUPI	ED	
풉	1 Netural 5 Pending	(Month, Day,		JURY	WORK?	28d. DESCRIBE HOW	INJUNT OCCUM	10	
84	2 Accident Investigation				YES 2 NO				
	3 Suicide 6 Could not be	28e. PLACE OF IN building, etc.	IJURY — At home, farm, (Specify)	street, factory	office	281. LOCATION (Street City or Town, State		lural Route Number,	
E	4 Homicide detarmined								
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my	knowledge, death occur	red at the time	, data and place, and du	e to the cause(a) and m	nner as stated.		
Ž	(Orleck Orley							ruse(a) and manner as stated.	
8									
H	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)								
5	mwy				030	377	1	trx7,90	
F	30. NAME AND ADDRESS OF PERSON W		OF DEATH (ITEM 27) (Type	n, Print)	-			0	
	12. M. Co	ope my)(56 4	· Broad	very 21	231		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNAURED AND			-			
	31. DATE FILED (Moriti, Day, Year) - AUG 1 0 1990	grana Davidso	- Marianes					1	
- 1	MUU L V 1000	M	A Real Condition Code Condition						

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	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by where a firmund has been signed by the attending physician and completely filled in by the attending process.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the morest dimeter, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or remove

the bund-transit permit. Pages 1, 2, 3 should

	1 - STATE STATE CERTIFICATE OF DEATH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Middle, L.	nst)						- v	2. DATE OF DEATH			3. TIME OF DEATH	
	DIANA	LYNN	BARI	RET	Γ				AUG. 7, 1990			2:20 P.M	
	4. SOCIAL SECURITY NUMBER	8. SEX	S. AGE (In yrs. last b	irthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE OF BIRTH 8.		8. BIRT	HPLACE (State or Foreign	
	219-94-1194	1 🗆 M 2 💢 F	16	YRS.	MONTHS	DAYS	HOURS	MIN.	SEPT. 14	1973	MA	RYLAND	
	9a. FACILITY NAME (If not institution, g	(ve street and number)							INTY OF	TY OF DEATH			
8	138 LOUISE TERRACE					GLE	N BUF	RNIE		ANN	E AR	UNDEL	
5	RESIDENCE OF DECEDENT			40. 017	v movini								
DIRECTOR				10c. CI I	Y, TOWN							10d. INSIDE CITY LIMITS?	
	MARYLAND AN	NNE ARUNDEL			GLI		JRNIE			1 _ YES 2 _ NO			
HA	138 LOUISE TERF	ACE				100	2106			U.S.A.			
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN			D	13.	WAS DEC						E — American Indian.	
B	1 Never Merried 2 Merried FORCES? 1 YES IF YES, GIVE WAR OR DA					If yes, sp	city Cube		, Puerto Rican, atc.) Black, White, atc.			ck, White, atc.	
G	15. DECEDENT'S (Specify only highest of		18a. DECE	DENT'S	USUAL O	CCUPATIO	N et of weekin	·	18b. KIND OF B	USINESS/IN	DUSTRY		
<u>=</u>	Elementary/Secondary (0-12)	College (1-4 or 5 +)	ille. Di	NOT u	se retired.)	ourny mo	st of workin	·V					
COMPLETED	11	none		S	TUDE	TV				N/A			
8	17. FATHER'S NAME (First, Middle, Last	1					18. MOTH	HER'S NAM	E (First, Middle, Meide	n Surneme)			
BE	MILTON BARRET	T						LINDA					
2	19e. INFORMANT'S NAME (Type/Print)		196. (or Rural Ro	oute Number, City or To	wn, State, Z	ip Code)		
	MILTON BARRET	<u>T</u>	20b. PLACE OF		ME AS	-			00-1	00171011	TION — City or Town, State		
	1 Nonetion 8 Other (Specify)		other place)									
	21. SIGNATURE OF FUNERAL SERVICE		I GLE	N H				L PAT		GLEN	BURNIE, MD.		
	DA	SI								CON F	UNER	AL HOME	
	LIKAO	w										MD. 21061	
	23. PART I. Enter the diseeses, shock, or heart fello	or complications that ure. List only one caus		h. DD	nDt ente	r the mo	de of dyl	ing, such	ee cerdiec Dr ree	piratory e	rrest,	Approximate intervsi Between	
	IMMEDIATE CAUSE (Final disease or condition	6	10									Onset and Death	
	resulting in deeth)	JWG 2	S Janoma P. I.								71244		
	DUE TO (OR AS A CONSEQUENCE OF):									1600			
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) o. Euma's Sarroma 2'Lym Due to (or as a consequence of): Pumonary ne tastases of Euring's Sarroma Iym Due to (or as a consequence of): Pumonary ne tastases of Euring's Sarroma Iym Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):												
Ä	if sny, leading to immediate cause. Enter UNDERLYING	In Dal.	A ONO KAL	at	200	40	di	11 }	ob.	7		Jusep	
Ē	CAUSE (Disesse or injury that initiated eventa	DUE TO	OR AS A CONSECU	ENCE O	F):			, , ,				100000	
E	resulting in death) LAST	d	J										
	PART II. Other eignificent cond	Itions contributing to	death but not res	ultina	In the U	nderivin	n cause o	given in P	Part 1 24a WAS	N AUTOPSY	24	b. WERE AUTOPSY FINDINGS	
MEDICAL							, 00000	g.von m.v	PERF	PAMED?	-	AMILABLE PRIOR TO COMPLETION DF CAUSE	
									1 □ YES	2 NO		OF DEATH?	
												1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA	AL				26. PI	ACE OF D	EATH (Chec	ck only one)				
Sic	EXAMINER? 1 VES 2-10	HOSPITAL:	FR/Outpetlent 3	DOA	OTHE	R:	6.7		Other (Specify)				
H	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIR	E OF	28c. IN.	URY AT		28d. DESCRIBE HOV	INJURY O	CCURED		
	1 Natural 5 Pending	(Month, Da	90	22C	JURY	1 🗌	YES 2	KNO					
2 Accident 3 Suicide 4 Homicide Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office Duilding, etc. (Specify) 29e. CERTIFIER (Check only one) 29m. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as a medical manner of the cause of the time, date and place, and due to the cause of the time, date and place, and due to the cause of the time, date and place, and due to the cause of the time, date and place, and due to the cause of the time, date and place, and due to the cause of the time, date and place, and due to the cause of the time, date and place, and due to the cause of the time, date and place, and due to the cause of the time, date and place, and due to the cause of the time, date and place, and due to the cause of the time, date and place, and due to the cause of the time, date and place, and due to the cause of the time, date and place, and due to the cause of the time, date and place, and due to the cause of the time, date and place, and due to the cause of the time, date and place, and due to the cause of the time, date and place, and due to the cause of the time, date and place, and due to the cause of the time, date and place, and the time, date and place, and due to the cause of the time, date and place, and due to the cause of the time, date and place, and the time, date and place, and the time, date and place of the time, date and place of the time, date and place of the time, date and place of the time, date and place of the time, date and place of the time, date and place of the time, date and place of the time, date and place of the time, date and place of the time, date and place of the time, date and place of the time, date and place of the time, date and place of the time, date and place of the time, date and place of the time, date and place of the time, date and place of the time, date and place of the time, date and place of the time, date and place of the time, date and									er or Rural	Route Number,			
								City or lown, Sta	(0)				
٣	290. CERTIFIER 1 CERTIFYING P	HYSICIAN: To the best of	my knowledge, desti	1		time, dete	end place	, end due t	o the cause(e) and n	enner ee st	ated.		
M	CONSON ONLY	MINER: On the basis of ax										(e) end menner ee stated,	
	29b. SIGNATURE AND TITLE OF CERT	MFIER					29c. LICI	ENSE NUMI	BER	29d, DA	TE SIGNE	D (Month, Day, Year)	
H		4 mi -	Will	es			D	324	36	•	81-	las	
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUS	E OF DEATH (ITEM	27) (Typ	n, Print)			557	_ V		9	110	
	Joseph	m Wilay	cruse		000	6	011	U U	offe S	+ Be	etto	WISISO	
	ΔΩG 11 0 1990	32. REGISTRA	1- Mande 12		•								

 neit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 23-mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Nem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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Me	as b	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	23
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	1 - STATE REGISTRAR	STATE OF M	ARYLAND / DEPAI CERTIF					MENTAL HYG			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEAT	'H DAY	VEAD	3. TIME OF DEATH
	GERRY	ALLEN	•	CHI	EEK	5		8	6	90	M.
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)			IF UNDER		7. DATE OF BIRT	1	8. BIRT	HPLACE (State or Foreign
	216-50-4994	1 € M 2 F	42 YRS.	MONTHS	DAYS	HOURE	MIN.	9-23-4	8	000	" D.C.
	9e. FACILITY NAME (If not institution, give str	eet and number)		9b. CITY,	TOWN 0	R LOCATI	ON OF DE	ATH	9c. CO	UNTY OF E	DEATH
5	2004 WEST NO	RTH AVE	NUE'	DA	TT	MORE	2 (7	ע קי			
ś I	RESIDENCE OF DECEDENT						1 01	<u> </u>			
DINE.	100. STATE 10b. COUNTY			LTIM			ΙΤΥ				10d. INSIDE CITY LIMITS? 1 YES 2 NO
EDA	100. STREET AND NUMBER 2004 W. NORT	H AVE.			101	21	217		10g. C	US.	WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	EVER IN U.S./ARMED YES 2/ NO OR DATES	11	Ves. 804		n. Mexica	IIC ORIGIN? (Speci n, Puerto Ricen, at 7:		14. RAC Blac Spec	E — American Indian, ak, White, atc.
	18. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (9-12) 10th		life. Do NOT	work done d	luring mo	N at of workin	ng	186. KIND O	F BUSINESS/II	NDUSTRY	
	17. FATHER'S NAME (First, Middle, Last) FLOYD ALLEN C	HEEKS					HER'S NA LEN	ME (First, Middle, M ROBIN			
2	190. INFORMANT'S NAME (Type/Print) I G	GS						BALTIM			21218
	20e, METHOD OF DISPOSITION 1 🔀 Buriel 2 🗆 Cremation 3 🗆 Remo 4 🗆 Donation 5 🗀 Other (Specify)	val from Stata	M ther please I O	N CE		ERY	netory or		A N S D (
	21, SIGNATURE OF PUNERAL SERVICE LICE	H	~			. MAI			101 E	. NO	ORTH AVE.
	23. PART I. Enter the diseases, or c shock, or heert feilure. I IMMEDIATE CAUSE (Finel disease or condition	list only one caus	se on each line.					/		arreat,	Approximate interval Between Onset and Death
	resulting in death)	DUE TO (OR AS A CONSEQUENCE	OFI:	mar Accident						540
	Sequentially list conditions, if any, leading to immediate	OUE TO	OR AS A CONSEQUENCE	OF):	>-	jev	050				101/1
3	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST	DUE TO	OR AS A CONSEQUENCE	ŐF):	,						107.5
PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.								PI	AS AN AUTOPS REFORMED? ES 2 NO	Y 24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIVIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOEBITA		Lagrica		ACE OF E	DEATH (Ch	eck only one)			
2	1 Pres 2 NO	HOSPITAL: 1 Inpatient 2	ER/Outpetient 3 🗆 DOA	4 - Num		• 5 🗆 A	esidence	a Other (Specific	1)		
L Lui	27. MANNEB-OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, De	INJURY 28b. Ti	ME OF YJURY M		URY AT PRK? YES 2 [□ NO	28d. DEŞCRIBE	OW INJURY O	CCURED	
	3 Suicide 8 Could not be 4 Homicide determined		FINJURY — At home, farm etc. (Specify)	, street, fact	ory, offic	•		28f. LOCATION (: City or Town,		ber or Rural	Route Number,
CMPLE	ome)		my knowledge, death occu								(e) end menner ee stated.
בו	29b. SIGNATURE AND TITLE OF CERTIFIER	1 6	. 10 .		n	29c. LIC	ENSE NU	MBER	29d. D	ATE BIGNE	D (Month, Day, Wah)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Fugene H. Owens In 173

AUG 1 0 1990

DHMH-18 Rev 1/89

TO BE COMPLETED BY FUNERAL

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 modus after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DR NFILE PADGETT 31. DATE FILED (Month, Day, Year) AUG 1 0 1990

								90 2	1928	
)	1 - STATE (REGISTRAR	F MARYLAND	/ DEPARTI DERTIFIC			MENTAL HYGII REG. 1				
	1. DECEDENT'S NAME (First, Middle, Last) CONSTANCE CHAVIS					2. OATE OF DEATH		YEAR	OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs.		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		B. BIRTHPLACE (SI		
	21 5 28 9648 1 M 2 5		YRS.	NTHS DAYS	HOURS MIN.	2-3-19	32	Maryla TY OF DEATH	und	
OB	NORTH ARUNDEL HOSPITAL 303 H		_	GLEN BUI		AIH		ARUNDEL.		
3	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c, CITY, 1	OWN OR LOCAT	ION			10d. INS	IDE CITY	
DIRECTOR	Maryland Anne Aru	ndel		ltimor				1 TYE	ITS? S 2 🔀 NO	
FUNERAL	100. STREET AND NUMBER 318 - 6th Avenue			101	21 22 5			EN OF WNAT COU	NTRY?	
Ž	11. MARITAL STATUS 12. WAS DEC	EDENT EVER IN U.S.		13. WAS OEC		IIC ORIGIN? (Specify	_	14. RACE — Ameri Black, White, e	can Indien,	
BY FI		? 1 YES 2	⊠ио		ecify Cuben, Mexica 2 X NO Specify	n, Puerto Ricen, etc.) /:		Specify:	nite	
	16. DECEDENT'S EDUCATION	16a.	DECEDENT'S US	UAL OCCUPATION	ON	16b, KINO OF	BUSINESS/INOU		1100	
<u> </u>	(Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4)	or 5+)	(Give kind of wor. life. Do NOT use r	k done during mo etired.)	at of working					
COMPLETED			Housew	ife		Ноп	e Maker	c		
ξ l	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Mei	den Surneme)			
BE (William Roland					a Hodersh				
6	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or				
-	James N. Chavis					altimore,				
	1 DEBuriel 2 Cremetion 3 Removal from Sta 4 Donetion 5 Other (Specify)	te othe	r place)		netery, cremetory or orial Pai			ity or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE ALCENSE	7	Tell nav		ND ADDRESS OF FA		Ten bui	mie. Ma	ryland	
						nce Funer	al Home	P.A.		
	Menge /	once				Hwy. Bal			225	
	23. PART I. Enter the diseeses, or complication shock, or heert failure. List only on	e cause on each l	deeth. Do not line.	enter the mo	de of dying, suc	h as cardiec or re	apiratory arre	Int	proximats terval Between	
	IMMEDIATE CAUSE (Finel disease or condition Renal Failure 3 weeks									
	resulting in deeth) e. DUE TO (OR AS A CONSEQUENCE OF):								, week	
_	2.26.5									
Ó	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
S	cause. Enter UNDERLYING CAUSE (Disease or injury	metas	tutic	. Cu	10n (anana	ma			
CERTIFICATION	that initiated events resulting in deeth) LAST	UE TO (OR AS A CON	SEQUENCE OF):							
H	d									
	PART II. Other algnificant conditions contributi	ng to death but n	ot resulting in	the underlyin	g ceuse given in	Part I. 24a. WAS	AN AUTOPSY		JTOPSY FINDINGS LE PRIOR TO	
PHYSICIAN: MEDICAL	Adult Kesp	ratory	Dist	ress	Syndi	1 D YE	\$ 2 XNO		TION OF CAUSE	
ME					,	_		1 🗆 YE	8 2 NO	
ä										
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITA	L:	1	26, P OTHER:	LACE OF DEATH (C)	neck only one)				
YSI	1 YES 2 NO 1 Inpatie	nt 2 DER/Outpatien	t 3 🗆 DOA 4	☐ Nursing Hor		8 Other (Specify)				
		onth, Day, Year)	28b, TIME	RY W	JURY AT ORK?	28d. DESCRIBE HO	OW INJURY OCC	URED		
ВҰ	2 Accident Investigation	ACE OF INJURY A	I home form etc		YES 2 NO	28f. LOCATION (St	mat and Mumbar	or Dural Davida Alva	No.	
TED		ilding, etc. (Specify)	i riorre, iarni, su	set, factory, other		City or Town, S		or nural noole Non	ioer,	
29e. CERTIFIER (Check only Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) er								ıd.		
COMPLET	one) 2 MEOICAL EXAMINER: On the bar	ie of examination end	l/or investigation,	in my opinion,	death occured at the	time, date and plac	, and due to the	e cause(e) end me	nner as stated.	
	296. SIGNATURE AND TITLE OF CERTIFIER	1			29¢ LICENSE NU	MBER	29d. DATE	SIGNEO (Month,	Day, Year)	
O BE	- / leil & Pad	gett 1	n)		133	296	1 8	31919	0	
5	30. NAME AND AODRESS OF PERSON WHO COMPLETE	O BAUSE OF DEATH	(ITEM 27) (Type, F	rint)						

GLEN BURNIE MARYLAND

7706 QUARTERETELD ROAD

12. REGISTRAN'S SIGNATURE

Wie Davidson-Handele

No. 1014 6

Pages 1, 2, 3 should

PO-HSLU
31. DATE FILED (Month

HUNG 1990

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D. 8357 CHERRY

LN

LAUREL MARYLAND

											90	6	1323
	FOR STATE REGISTRAR	STATE OF MAR					EALTH A		ENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Lest)							1	2. DATE OF DEATH			3. TH	ME OF DEATH
	GERTRUDE C. CAM	IPBELL							AUG.	8	YEAR 9 ()	1	2 · 10 A M
		Y	NGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER 24	HRS.	7. DATE OF BIRTH		8. BIRTI	HPLACE	(State or Foreign
	217-24-4269	1 □ M 2 💢 F	60	YRS.	MONTHS	DAYS	HOURS	MIN.	JUNE 3, 19	330	MAT	y) RYL	AND
	9a. FACILITY NAME (If not Institution, give street	et and number)			9b. CITY,	TOWN (OR LOCATION			_	NTY OF D		IND
E C	NORTH ARUNDEL H	OSPITAL		_	GL	ΕN	BURNI	Œ		ANI	NE A	RU	NDEL
5	RESIDENCE OF DECEDENT	OOTTIME								_		_	
DIRECTOR	MARYLAND 10b. COUNTY ANNE	ARUNDEL			Y, TOWN O		TION					1	INSIDE CITY LIMITS? YES 2 X NO
	10e. STREET AND NUMBER					10	. ZIP CODE			10g. CIT	IZEN OF	WHAT C	COUNTRY?
FUNERAL	714 WELLHAM AVE.						21061			τ	S.A		
5		12. WAS DECEDENT EV FORCES? 1 \(\sigma\)							ORIGIN? (Specify Yes	or No-	14. RAC	E — An	nerican Indian,
BY F	1 Never Merried 2 Merried	IF YES, GIVE WAR		0			2 NO		Puerto Rican, atc.)		Spec	elfy:	1.
	3 Widowed 4 Divorced	110									ı	W	HITE
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co		(Gh	ve kind of	Work done of retired.)	CCUPATH during mo	DN ost of working		16b. KIND OF BU	BINESS/IN	DUSTRY		
E	FEET TO STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF T	College (1-4 or 5+)			,								
MP	12 17. FATHER'S NAME (First, Middle, Last)	NONE		PRX	OPER	A 10		N/ 1	C & P	- 11- 11-	PHON.	IE.	
									E (First, Middle, Meiden	Surname)			
BE	HARRY CAMPBELL				1000000			NKNC					
2	19a. INFORMANT'S NAME (Type/Print)								ute Number, City or Tow				
	BETTY MILLSAP 20a, METHOD OF DISPOSITION						ROAD		SADENA, MI		1122		
	1 Buriel 2 Cremellon 3 Remove 4 Donetion 5 Other (Specify)	al from State	other pla	ice)			netery, cremat DRIAL			LEN E			
	21. SIGNATURE OF HUNERAL SERVICE LICEN	NSEE			22.	NAME A	ND ADDRESS	OF FACI		ON T	OLINIE E	AT	HOME
	> HEN NZ	nlu	_		1	CE/	CONTD. A	WE.	SINGLET S.W. GLEN				
	23. PART & Enter the diseases, or con	mplications that ce	used the de	ath. Do								1	Approximata
	interval Between												
	disease or condition resulting in death) a. Odvanced metastest ic Breest Cancer 5 year									s fears			
	See to form as a consequence of .												
CERTIFICATION	Sequentially list conditions,	DUE TO (OR	AS A CONSEC	DUENCE O	F):							+	
AT	If any, leading to immediate cause. Enter UNDERLYING												
FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEC	DUENCE O	F):								
H	resulting in death) LAST												
S											$\overline{}$		
AL	PART II. Other algorificant conditions	contributing to dar	ith but not r	eaulting	In the ur	nderlyin	ig causa giv	ven in P	Part I. 24s. WAS AN PERFO		24	AWAIL	E AUTOPSY FINDINGS ABLE PRIOR TO
Dic	paragraperia, pleure effesion, 1 yes 2 0 NO COMPLETION DE CAUSE												
ME	peri carriel	effu	· 60	Do	551	ble	Re	29	_			1 🗆	YES 2 NO
ä	me to sta	sde									丄		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF DEA	TH (Chec	ok only one)				
YSI	1 TYES 2 X NO	1 X Inpatient 2 - ER	I/Outpatient 3	□ DOA			ne 5 🗆 Resi	dence 8	Other (Specify)				
PHYSICIAN: MEDICAL	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day,)		28b, TII	JURY	28c. IN	JURY AT ORK?		28d. DESCRIBE HOW	INJURY O	CURED		
ВУ	1 Natural 5 Pending 2 Accident Investigation				М	1 [YES 2	NO					
	3 Suicide 8 Could not be	28e. PLACE OF IN building, stc.	IJURY — At ho (Specify)	me, farm,	street, fac	tory, offi	CO		28f. LOCATION (Street City or Town, State		ar or Rural	Route I	Vumber,
ETE	4 Homicide determined												
PL	(Orioth Striy	IAN: To the best of my	knowledge, de	ath occur	red at the	time, dat	e and place, a	and dua 1	o the cause(a) and ma	nner as st	ated.		
COMPLETED	one) 2 MEDICAL EXAMINER:	On the beele of exam	Ination end/or	Investigati	on, in my	opinion,	death occured	d at the ti	ime, date end piece, e	nd due to	the cause	(a) and	manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	, ,	11				29c. LICEN	ISE NUME	BER	29d. DA	TE SIGNE	D (Mon	th, Day, Year)
m	no	- Holes	fu	2	14	0	7	25	000	12	Jus.	8	1990
2	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	DE DEATH (The	1 27 0	Defect	-			- 7 -		-1	<u> </u>	1110

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by the hospital or attending physician. RYLAND 21203-3146

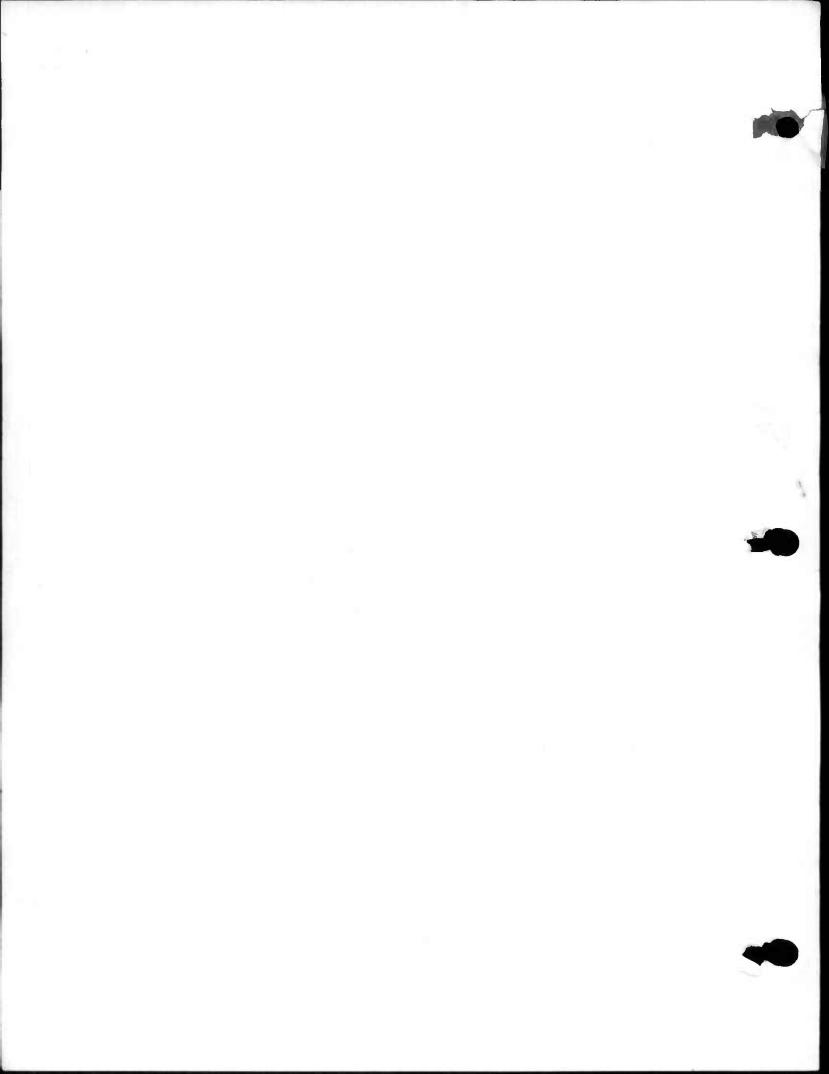
the detached for use as the burial-transit permit. Pages 1, 2, 3 should the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR		CERTIF	CATE OF DEATH	REG. NO.				
	1. OECEDENT'S NAME (First, Middle, Last)				2. DATE OF OEATN	YEAR	3. TIME OF DEATN		
	WILLIAM DRAYT	ON E.				5,1990	6:28 ^p м		
	4. SOCIAL SECURITY NUMBER 212-34-2330		E (In yrs. lest birthdey) 55 vns.	# UNDER 1 YEAR # UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTN (Mogth, Day, Joer) 3 4 8. BIRTNPLACE (State or Ford Country) MD				
۳ ا	90. FACILITY NAME (If not institution, give: THE JOHNS HOPKI			96, CITY, TOWN OR LOCATION OF DE BALTIMORE	ATH	9c. COUNTY OF BALTIMO	ORE CITY		
CTOR	RESIDENCE OF DECEDENT		T						
DIRE	MD 106. COUNT	,		TIMORE, CITY			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 1110 LYNDHURS	ST ST.		10f. ZIP CODE 2122	29	USA	F WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Merried 2 💢 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	ES 2 NO	13. WIAS OECENDENT OF NISPAN If yes, specify Cuben, Mexics 1 YES 2 X NO Specify	n, Puerto Rican, etc.)	Bla	ACE — American Indien, ack, White, etc.		
COMPLETED	15. OECEDENT'S EOL (Specify only highest grade Elementary/Secondary (0-12)		16e. DECEDENT'S (Give kind of v life. Do NOT us D I S A [•	16b. KIND OF BUS	SINESS/INDUSTRY			
	17. FATHER'S NAME (First, Middle, Last) ESAU DRAYTON		013/11	18. MOTHER'S NA	ME (First, Middle, Maiden SHIA E. H				
TO BE	190. INFORMANT'S NAME (Typo/Print) VERA DRAYTO		19b. MAILING	ADDRESS (Street and Number or Rural of	Route Number, City or Tow	n, State, Zip Code)	ID - 21229		
13	20g. METNOD OF DISPOSITION 20g. METNOD OF DISPOSITION 20g. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20g. LOCATION — City or Town								
9	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENGEE	VOSHELL	MEMORIAL PA		TIMORE	, MU.		
	De Slad	Warren		WM.C. MARCI	H F.H.110		ORTH AVE.		
	23. PART I. Enter the disesses, preshock, or heert fellure. IMMEDIATE CAUSE (Final disesse or condition resulting in death)	a. Julee	sed the death. Do no sech line.	Source Dece	h aa cardiac or respi	ratory arrest,	Approximats Interval Between Onset and Desth		
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR A	S A CONSEQUENCE OF	ioris			your		
방 		0.							
MEDICAL	PART II. Other significant condition	nilune	h but not resulting	In the underlying cause given in	Part I. 24a. WAS AN PERFOR	RMED?	24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
ÿ	- 3								
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO.	HOSPITAL:	A	26. PLACE OF DEATH (C)					
Y PHYSICIAN: ME	27. MANNER OF DEATN 1 Netural 5 Pending	28e. DATE OF INJUR (Month, Day, Yes	RY 28b. TIM	4 Nursing Home 5 Residence IE OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE NOW I	NJURY OCCURED			
TED BY	2 Accident investigation 3 Suicide 3 Could not be determined investigation 4 Homicide determined investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	CONSOR ONLY			ed at the time, date and place, end due on, in my opinion, death occured at the			le(a) and manner as stated.		
8	29b. SGNATURE AND TITLE OF CERTIFIED	Marcu	un	29c. LICENSE NU	MBER	PM. DATE BIGN	5/90		
임	30. NAME AND ADDRESS OF PERSON W			, Print)		1	1		
	31. DATE FILED (Month, Dev. Year) AUG 1 0 1990	Julia Dandson	原的特色	4					





DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a place of may be minimised by a may be minimised by the strength certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 about the burlaternest permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlat, ceremation, or removal.	should
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the invented must be notined any and any and any or item 23 shows any injury, or other traumatic event, the invented must be notined any and any or item.	

	1 - STATE REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO	O.				
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	DAY YE	3. TIME OF DEATH			
	HENRY DEHN. SR.					90 5.00 A M			
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER 24 H	RS. 7. DATE OF BIRTH	8.1	BIRTHPLACE (State or Foreign			
	217 22 3980 1 D M 2	□ F 62 YRS.	MONTHS DAYS HOURS M	Month, Dey. Year) 1-11-19		Maryland			
	9e. FACILITY NAME (If not institution, give street and nun		9b. CITY, TOWN OR LOCATION		9c. COUNTY				
Œ	NORTH ARUNDEL HOSP	TTAL	GLEN BU	DNIE	A NI	NE ARUNDEL			
DIRECTOR	RESIDENCE OF DECEDENT	LIAL	GLEN DU	KNIE	I AIN	NE ANONDEL			
E E	10s. STATE 10b. COUNTY		Y, TOWN OR LOCATION			10d. INSIDE CITY LIMITS?			
	Maryland Anne Art	ındel 1	asadena			1 TYES 2 NO			
AL	10e. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
BY FUNERAL	756 - 213th Street		2112	2	J	J.S.A.			
5	FORCE	ES? 1 YES 2 X NO		ISPANIC ORIGIN? (Specify Yolaxicen, Puerto Rican, atc.)	ee or No— 14.	RACE — American Indian, Black, White, atc.			
X		, GIVE WAR OR DATES		Specify:		Specify:			
		1	b	T	-	White			
TE	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of life. Do NOT u	Work done during most of working	16b. KIND OF B	USINESS/INDUST	rRY			
Ä		1-4 or 5+)		113	C	0			
COMPLETED	3rd Grade 17. FATHER'S NAME (First, Middle, Lest)	Used	Car Dealer	'S NAME (First, Middle, Maide	Cars -	Owner			
			January 12-						
BE	William Dehn 190. INFORMANT'S NAME (Typo/Print)	I 404 1114 11	ADDRESS (Street and Number or	arbara Appe					
2	Dolores E. Dehn	13234000				The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon			
			- 213th Stree		OCATION — City				
1	204 METHOD OF DISPOSITION 1 S Burlel 2 Cremetion 3 Removal from 5 4 Donation 5 Other (Specify)	other place)	ven Memorial			nie, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Grett us	22. NAME AND ADDRESS		en buri	ite, marytand			
		60 Down	George J.	Gonce Funera	l Home	P.A.			
	Wien Card	00000	4001 Ritch	ie Hwy. Balt	imore,	Md. 21225			
	23. PART i. Enter the diseases, or complications shock, or heart failure. List only		not anter the mode of dying	, such as cardiac or rea	piratory arrest	, Approximate Interval Between			
	HAMMEDIATE CAUSE (Singl								
	disesse or condition resulting in death) s	DUE TO (OR AS A CONSEQUENCE O	14 parcteur			5 days.			
		DUE TO (OR AS & CONSEQUENCE O	F):						
Z	Sequentially list conditions, Due to construct on								
MI	if any, leeding to immediate	DUE TO (OR AS A CONSEQUENCE O	F):						
2	cause, Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONSEQUENCE O	E.						
H	that initiated events resulting in death) LAST	DOE TO (OR AS A CONSCOURNCE C	т).			į			
CERTIFICATION	d					1			
	PART II. Other significant conditions contribu	uting to deeth but not resulting	in the underlying cause give		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
S				1 _ YES		COMPLETION OF CAUSE OF DEATH?			
AEC						1 TYES 2 NO			
=									
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEA	TH (Check only one)					
Sic	11005	TAL:	OTHER: 4 Nursing Home 5 Resid	ience 6 🗆 Other (Specify)					
H	27. MANNER OF DEATH 26a.	DATE OF INJURY 28b. TI (Month, Day, Year) IN	ME OF 26c. INJURY AT WORK?	26d. DESCRIBE HOV	V INJURY OCCUR	RED			
ВУ	1 Netural 6 Pending 2 Accident Investigation		M 1 YES 2 N	10					
	3 Suicide 6 Could not be 28e.	PLACE OF INJURY — At home, ferm, building, etc. (Specify)	street, factory, office	261. LOCATION (Street City or Town, Ste	et and Number or	Rural Route Number,			
TE	4 Homicide determined								
PLE	29a. CERTIFIER (Check only	ne best of my knowledge, death occur	red at the time, date end place, er	nd due to the cause(s) end n	nanner as stated.				
COMPLETED	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	pesie of examination end/or investigat	on, in my opinion, death occured	at the time, date and place,	end due to the c	euse(s) and manner es stated.			
6	29b. SIGNATURE AND TABLE OF CERTIFIES	ALAM	29c. LICENS	SE NUMBER	29d. DATE B	IGNED (MONTH, Day, Year)			
		1/ WWW	MO2	6667	18	17/00			
BE	1000011 -110	7 7 7							
	30. NAME AND ADDRESS OF PERSON WHO COMPLE	TED CAUSE OF DEATH (ITEM 27) (Typ.	e, Print)		1	1			
BE				105 GLEN	RUPNIE	MD 21061			
BE	PAUL J YOUNG-HYMAN		o, Print) DSPITAL DR #	105 GLEN I	BURNIE	MD 21061			

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BALTIMORE, MARYLAND 2

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	Frecto		-
	IRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directo		On the market on these Of shares one failure on other tensoration enough the modified averaginous rest.
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	this (with	diam'r.
2	After	death	-
	TOR:	after	
	REC	MIS	

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTA			MENTAL HYG REG.				
	1. DECEDENT'S NAME (First, Middle, Lest) Janice	Irene I	Delellis			2. DATE OF DEAT MONTH Aug.		3. TIME OF DEATH		
	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	1 🗆 M 2 🔭 💆 🖺	16 YRS. MO	UNDER 1 YEAR NTHS DAYS	HOURS MIN.	7. DATE OF BIRTY (Month, Day, Yes	1944	BIRTNPLACE (State or Foreign Country) Massachusetts Y OF DEATH		
TOR	St. Joseph's Ho	·			wson	AIR		ltimoré		
DIRECTOR	10a. STATE 10b. COUNTY	imore		own or Locat keysvil				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
	10e. STREET AND NUMBER				ZIP COOE		10g. CITIZE	N OF WHAT COUNTRY?		
<u> </u>		Court			21030			USA		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yea, spe	ENDENT OF NISPAN city Cuban, Maxica 2 NO Specify	n, Puarto Rican, ato	y Yea or No— 14	RACE — American Indian, Black, White, atc. Specify: White		
COMPLETED	15, DECEDENT'S EDUC (Specify only highest grade of Elementery/Secondary (0-12)		18a. DECEDENT'S US (Give kind of work life. Do NOT use n	done durina mos	N I of working	18b. KINO O	F BUSINESS/INDUS	STRY		
₹ I	12		Sales	Rep.			L Instr	uments		
8	17. FATHER'S NAME (First, Middle, Lest)					ME (First, Middle, M				
BE	George Goodwin					Goodwi				
2	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural I					
	Lee L. Delellis	206	PLACE OF DISPOSITI				CKEYSVII	le. Md. 21030		
	1 Burial 2 Cremation 3 Ramo	val from Stata	other place)		retery, crematory or	100		•		
	21. SIGNATURE OF PUNETAL BETWICE LICE		etro Crem		D ADDRESS OF FA	CILITY	Latonsvi	lle, Maryland		
	Dagan	Bryan W.	Clary	Le	mmon-Mi	tchell-W	iedefeld			
_	23. PART i. Enter the diseasea, or co				monium,			at, Approximate		
NOI	IMMEDIATE CAUSE (Final	List only one cause on all the control of As A DUE TO (OR AS A DUE TO (OR AS A		ING	CARL	PINOM	A	Interval Between Onset and Death		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
PHYSICIAN: MEDICAL CE	PART II. Other eignificent conditions	a contributing to death b	ut not resulting in	the underlying	g cause given in	PE	AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			28 01	ACE OF DEATH (CA	nock natu nan)				
2	EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:						
HX	27. MANNER OF DEATN	28a. DATE OF INJURY	28b. TIME (e 5 🗆 Residence URY AT	T	OW INJURY OCCL	URED		
<u>-</u>	1 Natural 5 Pending	(Month, Day, Year)	INJUF		RK? YES 2 NO					
TED BY	2 / Accident 3 Suicide 6 Could not be datarmined	2 (Accident investigation investigation investigation a Suicide 6 Could not be building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) City or Town, State)								
COMPLETED	(Critical Citity	CIAN: To the bast of my know						d. cause(a) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER	1	1 1 1	/	29c. LICENSE NU	MBER	29d. DATE	SIGNED (Month, Day, Year)		
) BE	8/8 /	and M	A.L	<i></i>	D333	215	100	3/07/96		
5	30 NAME AND ADDRESS OF PERSON WHO	completed cause of de			t. Josep	h's Hos	pital. T	owson, Md.		
	31. DATE FILEO (Month, Day, Year) AUG 10 1990	Pagegran's SIGN	Mandall	,						

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the first after death. Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	1 - STATE REGISTRAR		STATE OF I	/ MARYLAND Ce		TMENT ICATE				MENTA	L HYGIENI REG. NO.	E		4,200
	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE	OF DEATH	v	YEAR 3	B. TIME OF DEATH
			evie	М.		Davis		,			- 7-90 [™]	_		7:38PM M
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	1 YEAR	HOURS	24 HRS. MIN.	(Montl	OF BIRTH h, Day, Year)		Country)	
	90. FACILITY NAME (If not ins			83	ins.	9h CITY	TOWN C	R LOCATI	ON OF DE		17-0	9c. COUNT	5 · 4	
æ	Union Memor								City			36. COOK I	10100	
DIRECTOR	RESIDENCE OF DEC	EDENT			,				01.0	ζ				
IRE	10e. STATE	10b. COUNTY	,		10c. CIT	c. CITY, TOWN OR LOCATION						- 1	od. INSIDE CITY LIMITS?	
	10e, STREET AND NUMBER					101, ZIP CODE				10a. CITIZI		YES 2 NO		
ERA	"27722"	TIV	OlVAV	10							. 4.			
FUNERAL	11. MARITAL STATUS	_	12 MAS DECEDEN	T EVER IN U.S. AR	MED						N? (Specify Yea		4. RACE -	- American Indian, White, atc.
ВУ Е	1 Never Married 2 I		IF YES, GIVE	MAR OR DATES	10				Specify		Rican, etc.)		Specify:	writte, atc.
	7	DENT'S EDU	CATION	16a. DF	CEDENT'S	USUAL O	CCUPATIO	ON		106	. KIND OF BUS	INESS/INDI	STHY	gro
ETE	(Specify only Elementary/Secondary (0-	highest grade	completed) Cotlege (1-4 or 5	(G		work done o			ng	100		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
APL	0.5			H	sus	wif	1							
COMPLETED	17. FATHER'S NAME (First, Min		/				_				Middle, Malden			= = 1
BE	190, INFORMANT'S NAME (IV		DAniel	I a							loer, City or low			
2	DiAne E	land		19	2 プ						BA-11			21213
	20e. METHOD OF DISPOSITI			20b. PLACE						7		CATION — C		n, State
	1 Buriel 2 Cremetion 4 Donation 6 Other		oval from State	1/07	K	me	m 67	rin/	PK		A 2	AR16		N.c.
	21. SIGNATURE OF FUNERAL	SERVICE LIC	CENSEE						SS OF FA	CILITY				21213
	12 TIS	Fu	nekal	Hom	2		11:	291	N. C	CA	nolin	c 5	4. B	Be110, 11/2.
	23. PART I. Enter the di	seases, or		et caused the de	eth. Do	not anter	the mo	de of dy	ing, suc	h ss cen	diec or respi	ratory arre	st,	Approximate interval Between
	IMMEDIATE CAUSE (Fin													Onset and Death
	disease or condition reaulting in death)	→	#	mers Dis										
_		_	DUE IC	O (OR AS A CONSE	DUENCE C	JF):								
CERTIFICATION	Sequentially list conditi	ona, diete	DUE TO	(OR AS A CONSE	OUENCE O	OF):								1
S	cause. Enter UNDERLY! CAUSE (Disease or inju		c											
빏	that initiated events resulting in deeth) LAS	T I	DUE TO	OR AS A CONSE	OUENCE O	DF):								
CE		-	d											1
Ŋ.	PART II. Other algnifica	nt condition	na contributing to	death but not	resulting	in the ur	nderlyin	g ceuse	given in	Part I.	24a. WAS AN PERFOR		1 2	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
MEDICAL										-	1 TES >	ON [X]	- 1 '	COMPLETION OF CAUSE OF DEATH?
	-										INSPEC	יוויד (וויי		1 ☐ YES XX NO
PHYSICIAN:	25. WAS CASE REFERRED TO	O MEDICAL					26. P	LACE OF	DEATH (Ch	neck only o		LION		
SIC	EXAMINER?		HOSPITAL:	EFI/Outpatient	DOA	OTHE	R:				er (Specify)			
并	27. MANNER OF DEATH		26s. DATE O	F INJURY Day, Ybar)	28b. TII		26c. JN.	JURY AT			SCRIBE HOW I	NJURY OCC	URED	
ВУ		Pending Investigation	1000000			М	480-0-	YES 2	□ NO					
		Could not be	26a. PLACE building	OF INJURY — At he i, etc. (Specify)	ome, farm,	street, fec	tory, offic	20		26f. LOC	CATION (Street or Town, State)	and Number (or Rural Ro	oute Number,
E	20- CERTIFIER				_				115		_			
COMPLETED	(Check brily 1 CERT		ER: On the basis of											and manner as stated.
	296. BIGHTATURE AND SUTLE								ENSE NU					Month, Day, Year)
BE	9	Do	\sim						OCME			•	8-8-	
오	30. NAME AND ADDRESS OF		O COMPLETED CA	USE OF DEATH (ITE	M 27) (Typ	e, Print)								
	JAMES KAPLA			111	. Pen	n St	reet	.Bal	timo	re,M	1D 2120	1		VC
	31. DATE FILED (Month, Day, AUG 1	ð 1990	ST REGIST	AH'S SIGNATURE	ndelle	•								

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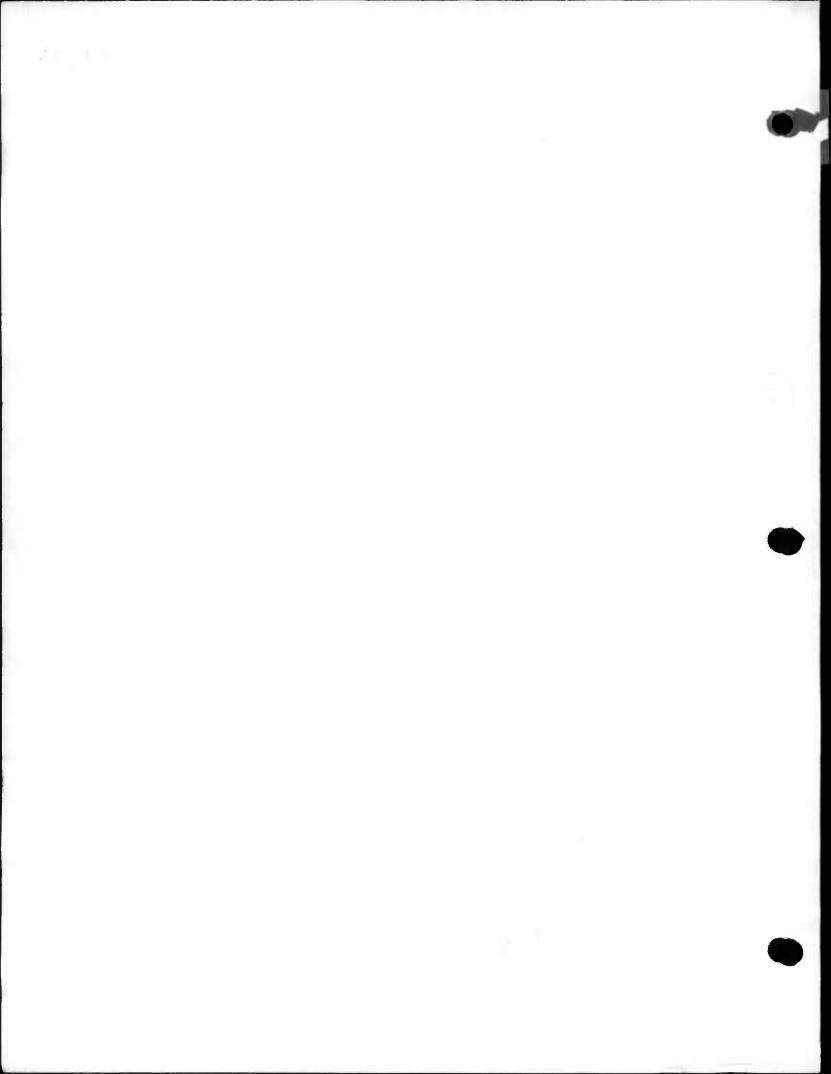
hed for use as the burial-transit permit. Pages 1, 2, 3 should

portar or attending physician. AND 21203-3146

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be removed by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 inhouse the child be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT CERTIFICATE		MENTAL HYGIENE REG. NO.
(HANNAH L. EDMONDS))	2. DATE OF DEATH MONTH DAY

	1 - STATE OF MARYL REGISTRAR		T OF HEALTH AND	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) (HANNAH HANNA L. EL	L. EDMONDS)	2. DATE OF DEATH DAY	Y YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE 1 1 1 M 2 173 20	(In yrs. last birthday) IF UNDE	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2 - 13 - 22		
	9a. FACILITY NAME (If not institution, give street and number)	9b. CIT	Y, TOWN OR LOCATION OF D		9c. COUNTY OF C	N.C.
OB	JOHN HOPKINS HOSPITAL	BA	ALTIMORE C	TTY		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY
뜸	MD	BALTI	MORE, CITY			LIMITS?
FUNERAL	10e. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
NE	1832 N. CHAPEL ST. 11. MARITAL STATUS 12. WAS DECEDENT EVER I	NIIS ARMED 12	21213 . WAS DECENDENT OF HISPAI	NIC OBIGIN2 (Specify Van	USA	E — American Indian.
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, specify Cuban, Maxico	nn, Puarto Rican, etc.)	Bled	k, White, atc.
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL	OCCUPATION o during most of working	16b. KIND OF BUS	INESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	Ille. Do NOT use retired.)			
MP	9th 17. FATHER'S NAME (First, Middle, Last)	DIRECT	ARE AIDE	AME (First, Middle, Malden)	Sumama)	
	WILLIE HANSON			E JOHNSO		
TO BE	19a. INFORMANT'S NAME (Type/Print)		SS (Street and Number or Rural	Route Number, City or Town	, State, Zip Code)	
۴	THURMAN EDMOND		HAPEL ST			
i	20e, METHOD OF DISPOSITION 20 1	ARBUTUS CE	MFTFRV		BUTUS,	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		. NAME AND ADDRESS OF FA		,0105,	110.
	I blade War	W W	M.C. MARCH	F.H. 110	7 E. NO	ORTH AVE.
	23. PART I. Enter the diseases, or complications that cause shock, or heart failure. List only one cause on a IMMEDIATE CAUSE (Finel disease or condition	nach lina.			ratory arrest,	Approximata interval Between Onset and Death
	resulting in death) a. / PULL IN (OR AS	Swil Clarde A CONSEQUENCE OF):	ovascular	Naslase		
CERTIFICATION	if any, leading to immediate	A CONSEQUENCE OF):				
2	CAUSE (Disease or injury	A CONSEQUENCE OF):				-
Ē	that initiated events resulting in death) LAST	.,				
	PART II. Other significent conditions contributing to death	but not resulting in the	underiving cause given in	Part J. 24s. WAS AN	AUTOPSY 24	b, WERE AUTOPSY FINDINGS
DICAL				PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC						1 TES 2 TNO
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	heck only one)		
SICI	EXAMINER? 1 D YES 2 NO 1 Inpetiant 2 D ER/Out	patient 3 DOA 4 N				15
¥	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Dey, Year)		26c. INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURED	
ВУ	1 Matural 5 Pending 2 Accident Investigation	M	1 YES 2 NO			
G	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJUR building, stc. (Sp.	Y — At home, farm, street, facily)	At home, farm, street, factory, office 26f. LOCATION (S City or Town,			Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my known one) 2 MEDICAL EXAMINER: On the best of my known one) 2 MEDICAL EXAMINER: On the best of my known one)					(a) and many
	29b. SIGNATURE AND TITLE OF CENTIFIER	on antibol investigation, in the	29c. LICENSE NU			D (Month, Day, Year)
BE	Harold Kamsey.	M.D.	D091	1,94	> 8 -	7-90
5		EATH (ITEM 27) (Type, Print)	MO VI	217		, , , , , , , , , , , , , , , , , , , ,
	31. DATE-FILED (Month, Day, 1987) - 39. REGISTRAR'S SIG	NATURE		· /		
	AUG 10 1990 Julia Davidson					



BALTIMORE, MARYLAND 212

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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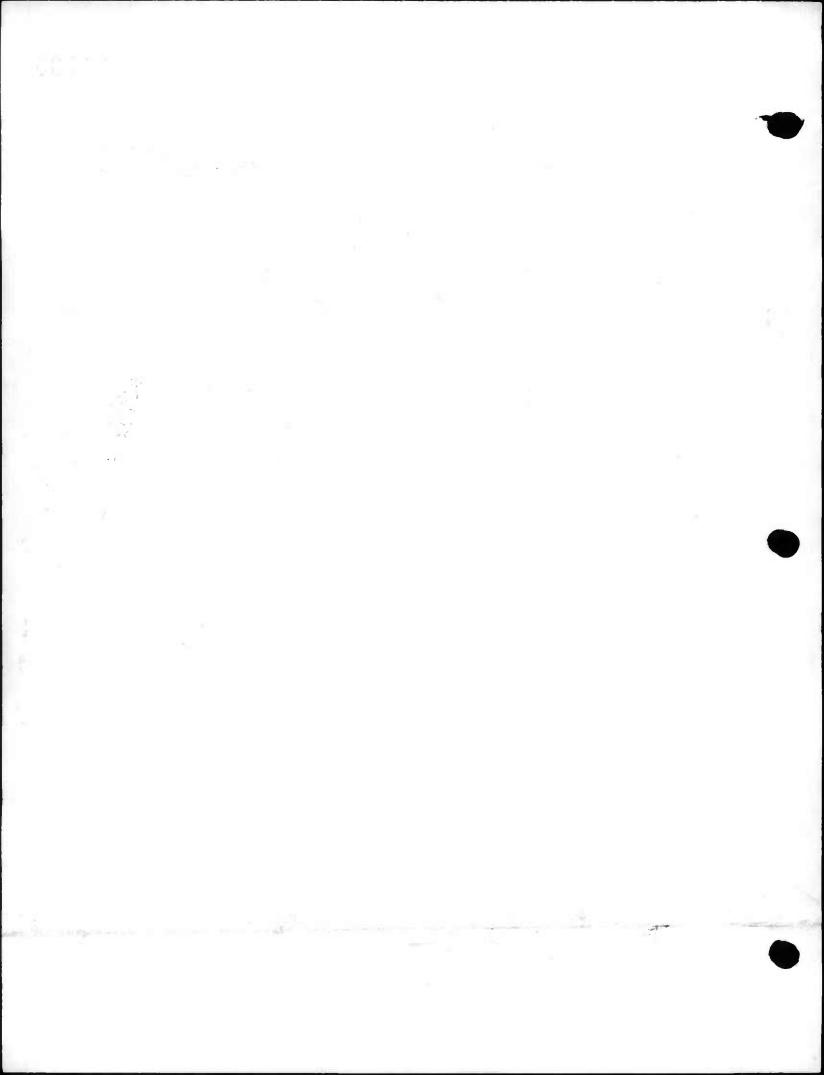
					90	21935
	FOR 1 - STATE	STATE OF MARYLAND / DEI	PARTMENT OF HEALTH A			
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)	CENT	IFICATE OF DEAT	2. DATE OF DEATH	3	. TIME OF DEATH
	Ricky	Ek	erhart -	₩8-4-90 [™]	AY YEAR	8:48PM M
	4. SOCIAL SECURITY NUMBER	S. SEX 6. AGE (In yrs. lest birth	MONTHS DAVE MOURS	MIN. 7. DATE OF BIRTH (Month, Day, Year)	ST SPINION	LACE (State or Foreign
NO.	98. FACILITY NAME (If not institution, give str Hoffman & Spring		96. CITY, TOWN OR LOCATION Baltimore		9c. COUNTY OF DEA	NTH .
3	ESIDENCE OF DECEDENT	100	CITY TOWN OF LOCATION		Tr	IOd. INSIDE CITY
DIRECTOR	MG		Daltim	ore	ر	YES 2 NO
FUNERAL	150/ NUMBER	apel St.	216	213	10g CITIZEN OF WH	AT COUNTRY
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	if yes, specify Cuban.	F HISPANIC ORIGIN? (Specify Yes, Maxican, Puarto Rican, atc.)	or No- 14. RACE -	- American Indian, White, etc.
Э ВУ	3 Widowed 4 Divorced		1 TYES 2 NO	Specify:		ach
COMPLETED	15, DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	completed) (Give kir	NT'S USUAL OCCUPATION d of work done during most of working OT use patient;		SINESS/INDUSTRY)
MP		, , , , ,	nnow	1 4	MAN	OWN
	17. FATHER'S NAME (First, Middle, Laut)	Fhor ha	H 1000	ER'S NAME (First, Middle, Majden	Surname)	
BE BE	19a. INFORMANT'S NAME (Spare of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	19b. MA	ILING ADDRESS (Street and Number of	or Rural Route Number, City or Tow	vn, State, Zip Code)	
유	Janet Wi	Ther Spood 72	15 Sauers	Ct Balto	Md a	1237
	20a. METHOD OF DISPOSITION 1. Surial 2 Cremation 3 Ramo 4 Odnation 5 Other (Specify)	oval from Stats	SPOSITION (Name of cemetery, enemy	plory or	CATION City or Town	n, State
	21 SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	22. NAME AND ADDRES	S OF FACILITY	W Car	rell FIH
1	Minin	arrall	Balto	Marama	Tre,	, , m
		complications that coused the death. List only one cause on each line.	Do not enter the mode of dylr	ng, such as cardiac or resp	iratory srrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disesse or condition resulting in death)	Gunshot wound of	f chest			Onset and Death
		DUE TO (OR AS A CONSEQUEN	CE OF):			
RTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUEN	CE OF):			
IFIC	CAUSE (Disesse or injury that initiated events	C. DUE TO (OR AS A CONSEQUEN	CE OF):			<u> </u>
Ш	resulting in death) LAST	d				
AL C	PART II. Other significent condition	a contributing to deeth but not resul	ting in the underlying cause g		RMED?	WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO
MEDICAL				1 XXES	2 🗆 NO	COMPLETION OF CAUSE OF DEATH?
M						XX YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		EATH (Check only one)		
YSIG	XXXXVES 2 \(\text{NO} \)	1 - Inpatient 2 - ER/Outpatient 3 - C			Scene	
ву РН	27. MANNER OF DEATH 1 Netural 5 Pending investigation	28e. DATE OF INJURY (Month: Day, Year) 8-4-90	b. TIME OF 28c. INJURY AT WORK? 8:45BM 1 Ves 2	Subject		
	2 Accident Investigation 3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — At home, to building, etc. (Specify)	erm, street, factory, office sport area	281. LOCATION (Street City or Town, Stella HOT TMAN	and Number or Rural Ro	treet.
LET	29a. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of my knowledge, death of		Baltimore	. MD	
COMPLETED	Criech orly	R: On the basis of examination and/or inves				and manner as stated.
BE C	200 BIONATURE AND TITLE OF SERTIFIES	1 // 00		INSE NUMBER	29d. DATE SIGNED	
TO B	30. NAME AND ADDRESS OF PERSON WH	IO COMPLETED CAUSE OF DEATH (ITEM 27		OCME	8-	5-90

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

A. KORELL, MD

111 Penn Street, Baltimore, MD 21201

DHMH-18 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

	1 - STATE REGISTRAR	OIME OF MAINE		CATE OF		REG. NO.	-	
į	1. DECEDENT'S NAME (First, Middle, Last) HOWARD			_		2. DATE OF DEATH AUGUST 8,	Y 1 0 0 O YEAR	3. TIME OF DEATH 7:15P
	4. SOCIAL SECURITY NUMBER 213-28-1876		(In yrs. lest birthday) 5 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-15-2	4 8. BIR	THPLACE (State or Foreign N.C.
OR	9a. FACILITY NAME (If not institution, give THE JOHNS	street and number) HOPKINS HOSP	ITAL		FIMORE	EATH	9c. COUNTY OF BALT	DEATH IMORE CITY
<u>ל</u>	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	ry	100 CIT	Y, TOWN OR LOCA	ZIONI			Last more over
DIRECTOR	MD				RE, CIT	Υ		10d, INSIDE CITY V LIMITS? 1 YES 2 NO
FUNERAL	1936 E. LAFA	YETTE ST.		10	2121	3	10g. CITIZEN OI	WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR I	2 NO		NIC ORIGIN? (Specify Yea an, Puarto Rican, atc.) fy:	Bi	CE — American Indian, ack, White, atc.	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 8 t h		16a. DECEDENT'S (Give kind of life. Do NOT us LABOR		ON st of working	16b. KIND OF BUS	BINESS/INDUSTRY	
MO	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Meiden	Surname)	
BE C	WM. H.	HARRIS			DO	ROTHY PR	ICE	
5	190. INFORMANT'S NAME (Type/Print) LOUISE COL	ΕY				ST BAL		, MD.21213
	20a, METHOD OF DISPOSITION **Burial 2 Cremation 3 Rer	noval from State	b. PLACE OF DISPO	SITION (Name of ce		20c. LO	CATION - City or	Town, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE /	4/11/11/13		ND ADDRESS OF FA			, , , , ,
	1 Franco	18m	22	WM.C	. MARCH	F.H. 11		NORTH AVE.
	23. PART I. Enter the diseases, or ahock, or heart failure	complications that cause. Liet only one cause on	ed the death. Do	not enter tha mo	da of dying, suc	ch as cardiac or reapl	ratory arrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	DA CARRO	nda		death.	= 7:15-PM	8/8/	Opent and Dooth
	resulting in daeth)	DUE TO (OR AS	A CONSEQUENCE O	F):	ocert.	- /./- / /	1-1	1-2 days
NOI	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):				1
-ICAT	cause. Entar UNDERLYING CAUSE (Disease or injury	COUE TO (OR AS	A CONSEQUENCE O	n.				
CERTIFICATION	that initiated events resulting in deeth) LAST	d	A CONSECUTION OF					
	PART II. Other algorificant condition	one contributing to death	but not resulting	In the undarlyin	g ceuaa givan in	Part I. 24s. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS
SCA	CHF, ALTIB	, charity			1	PERFOR		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL						_ _ /		1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	T		28 P	LACE OF OEATH (C	heck anhy one)	,	
SICI	EXAMINER?	HOSPITAL:	tpatient 3 DOA	OTHER:		8 Other (Specify)		
	27. MANNER OF DEATH 1 Netural 8 Pending	28a. DATE OF INJURY (Month, Day, Year)		IE OF 28c. IN.	JURY AT DRK? YES 2 NO	26d. DEŞCRIBE HOW I	NJURY OCCURED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJUR	RY — At home, farm, ecity)			28f. LOCATION (Street and City or Town, State)	and Number or Rur	el Route Number,
9	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my kno	wledge death occur	ad at the time dat	and place, and du	a to the sause(s) and me	nner et eleted	-
COMPLETED	one)	VER: On the beals of examinati						e(a) and manner as stated.
8	296. SIGNATURE AND TITLE OF CERTIFI	ER Lin	mn		29c. LICENSE NU	IMBER /	29d. DATE BIGN	(Month, Day, Year)
٩	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type), Print)	3.00	/	1	/
	31. DATE FILED (Month, Day, Year)	Jazz. Hasistman's Si	MANUEL 100	1				
- 1	AUG 1 0 1990	grane havedon-	1.1					

DHMH-18 Rev 1/89

HENDRICKS

3:15

2. DATE OF DEATH MONTH

,		216-01-5191	1 M 2 □ F	YRS. MON	THS DAYS I	IOURS MIN.	(Month, Day, Year)	00	MARY AND
	TOR	90. FACILITY NAME (If not institution, give str GOLDEN TOUCH OF RESIDENCE OF DECEDENT	AECTR	B	_	NORE	TH	BALT (
	DIRECTOR	10s. STATE 10s. COUNTY	Crty	Boller	MACE	" City			10d. INSIDE CITY
	FUNERAL	MO W LAPONEHO	Avenue	1200	101. 2	1217		10g. CITIZES	OF WHAT COUNTRY?
	BY FUN	1 MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, speci		C ORIGIN? (Specify , Puerlo Ricen, etc.)	fire or No 14	BACE — American Indian, Black, White, etc.
(15. DECEDENT'S EDUC (Specify only highest grade of Elementary(Secondary (0-12)		We DECEDENT'S USU (Give kind of work) We Do NOT use red	done during must	of working	UNK	nowh	IMY
d at once.	BE CON	GLASTON H	ENDRICKS			EHA	HEND!	RICKS	
be notified	TO 8	MEDICAL RECO	RAS	HO U	1 69 H	Vette	HILD .	Bay A	Md, 2/2/
must		20s METHOD OF DISPOSITION 1 Burtal 2 Cremation 3 Remo 4 Doneties 5 Other (Specify)		PACA OF DISPOSITION	20 (encet	erult	DO NO	anty Md
examiner	/	21. SIGNATURE OF FUNERAL SERVICE LICE	strall	2	Ba	14 W	North	Hve	21217
emation, or removal nt, the medical		23. PART i. Enter the diseases, or be shock, or heart failure. L iMMEDIATE CAUSE (Final disease or condition resulting in death)	lat only one cause on a		entar tha moda	of dying, auch	as cardiac or ry	spiratory srres	t, Approximate interval Batween Onset and Daath
of Health and Mental Hygiene prior to burial, cremation, shows any injury, or other traumatic event, the	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	j a	regt	Dra	ly K	Dabrue
shows any injury,	MEDICAL C	PART II. Other eignificant conditions	contributing to death b	ut not resulting in th	na undarlying	cause given in I	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO
Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLA	CE OF DEATH (Che	ck only one)		
death with the State s marked, or item	РНҮ	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)		Nursing Home 28c. INJUI WOR	RY AT	B Other (Specify) 28d. DESCRIBE HO	W INJURY OCCU	RED
the co	TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE OF INJURY building, atc. (Spec	— At home, farm, stree		3 2 10	281. LOCATION (Str. City or Town, St		Rural Route Number,
be filed within 72 hours after IMPORTANT: It item 28 is	COMPLET	one)	ZIAN: To the best of my know						cause(a) and manner as stated.
be filed with	TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	beral	\sim	10	Da6	74 B	29d. DATE S	30/90
	٦	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	nt)			1	
		31. DATE FILED (Month, Pay, Year) AUC	13041990.2 SIGN	fitta Davidson	Mandall				
									UEI

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

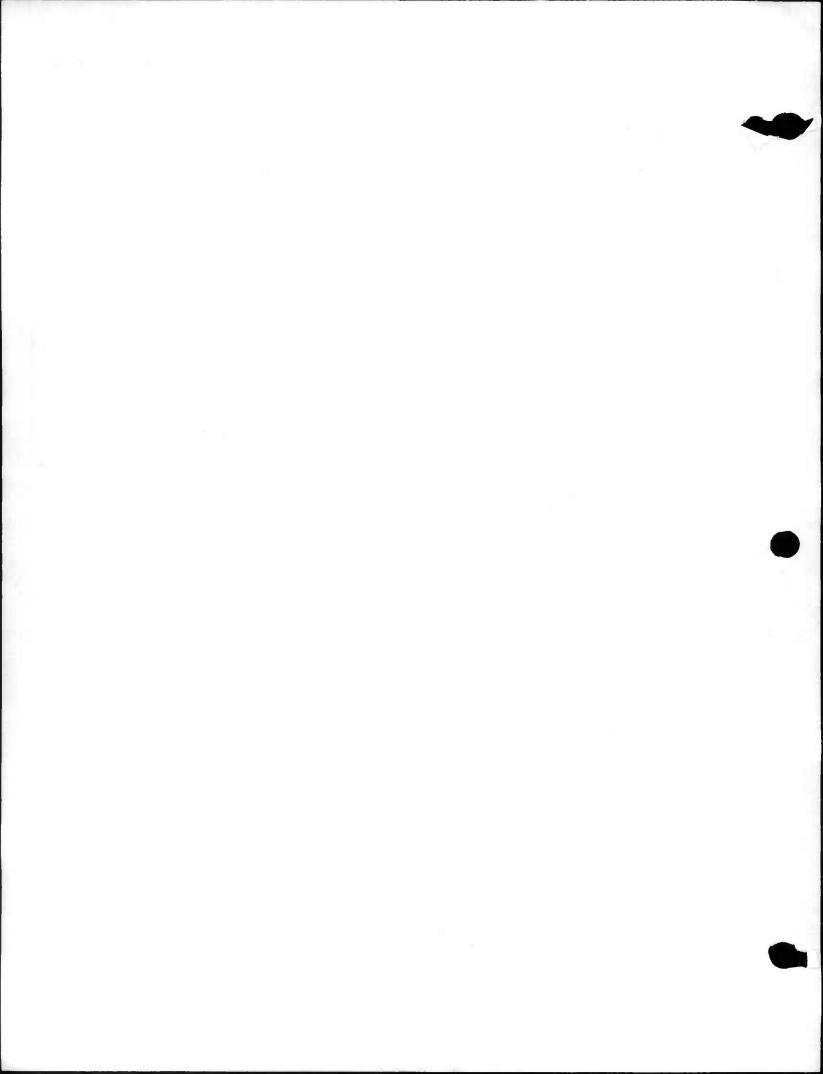
1 - STATE REGISTRAR		CERTIF	CATE OF	DEATH	REG. NO),	
1. DECEDENT'S NAME (First, Middle, Last)		- N			2. DATE OF DEATH	MY Y	3. TIME OF DEATH
Edgar C.	Hindle Sr.	. H -			MONTH 9	199	0 8 288 P.M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
216-01-7956	1 M 2 🗆 F 8	31 YRS.	MONTHS DAYS	HOURS MIN.	11-28-08		Md.
9a. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, TOWN	OR LOCATION OF DE	EATH	9c. COUNTY	OF DEATH
508 E, 38th St	•		Balt	imore	City		
10a. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY
Md.			Ва	alto.			1 YES 2 NO
10a. STREET AND NUMBER			1	Of. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
	E. 38th S		1 40 11110 00	21218			SA
11. MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEDENT EVE FORCES? 1 X YE	ES 2 NO	If yes, s	pecify Cuban, Maxica	NIC ORIGIN? (Specify Ye in, Puarto Rican, etc.)	a or No — 14.	RACE — American Indian, Black, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OF	T T	1 🗆 YE	S 2 NO Specif	y:		White
15. DECEDENT'S EDU	CATION	18e. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF BU	ISINESS/INDUS	
(Specify only highest grade Elamentary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of v	vork done during n ne retired.)	nost of working			
Unknown		Stee	1 Work	cer	Dietr	ich B	ros.
17. FATHER'S NAME (First, Middle, Lest)		17-22-2			ME (First, Middle, Maider	Surname)	
Randolph H	lindle			Maria	Hender	son	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Tox	vn, Stata, Zip Co	de)
Anna T. Hind	lle	508	E. 38t	h St.,	Balto., Mo	d. 212	218
20a, METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Ram	ound from State	20b. PLACE OF DISPOS other place)	SITION (Name of c	emetery, crematory or	20c. L0	OCATION — City	or Town, State
4 Oonstion 5 Other (Specify)	IOVAN ITOM STATE	Garrison	n Fore	st Vet.	Cem. Gar	crisor	Forest, Md.
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME	AND ADDRESS OF FA	CILITY 4905	York F	Rd.
>W.Olian	O Dais	3711					
23. PART I. Entar tha diseasea, or	complications that cau	sed the death. Do r					altoMd.
ahock, or heart failure.			dde	n de	eth	, , ,	intarvai Batween
iMMEDIATE CAUSE (Final disease or condition	1) - 60	112	0.	6 22 6	Ande	0 48	Onset and Death
resulting in death)	a. DUE TO (OR A	S A CONSEQUENCE OF	nug)	mera	77	7	
_	Conto	0.0	0 00	n 68		0	
Sequentially list conditions,	DUE TO (OR A	S A CONSEQUENCE OF	F):	.0100			
if any, leading to immediate cause. Enter UNDERLYING							
CAUSE (Disease or injury that initiated events	DUE TO (OR A	S A CONSEQUENCE OF	F):				
resulting in death) LAST	d						
PART il. Other aignificant condition	no nontribution to don't	h hut not requition	to the condense		Part I. 24s. WAS A	LI ALETTO POLY	24b, WERE AUTOPSY FINDINGS
PART II. Other aignificant condition	is contributing to daat	n but not resulting	in tha undariyi	ng cause given in		RMED?	AVAILABLE PRIOR TO
					1 _ YES	2 NO	OF DEATH?
					[1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C/	neck only one)		
1 TYES 2 X NO	1 Inpatient 2 ER/C		4 - Nursing Ho	me 5 Residence			
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJUI (Month, Day, Yes	RY 28b. TIM	JURY V	NJURY AT VORK?	28d, DESCRIBE HOW	INJURY OCCUP	RED
2 Accident Investigation	20 21 405 05 01			YES 2 NO			
3 Suicide 8 Could not be 4 Homicide datarmined	building, etc. (S	URY — Af home, farm, Specify)	atreet, factory, of	ica	281. LOCATION (Street City or Town, State		Hural Houte Number,
CONSCR ONLY	SICIAN: To the best of my ki						
2 MEDICAL EXAMIN	ER: On the beals of axamin	ation and/or investigation	on, in my opinion	death occured at the	time, data and place, a	end due to the o	sause(s) and menner as stated.
29b. STONATURE AND TITLE OF CERTIFIE	R A A A	> 01	00	29c LICENSE NU	MBER	29d. DATE S	HONED (Momp, Day, Year)
12chmel	rollin	1) 81	10/10	1014	52-6	8	110180
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	, Print)				1 4
	se M.D. 3	01 St. 1 P	aul Pl	ace, Ba	lto., Md		
31. DATE FILED (Month, Day, Year)	which the state of						
TOPE TO ISSE		Appellan dalle					

ift. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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	月れにはある		Annual Silvery
BALTIMORE, MARYLAND 21203-3146	rySICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit and filled in the state Dect. of Health and Mental Hydiene prior to burial, crementon, or removal.	and as item 22 shows any injury or other trainmatic event the medical evantuer must be notified at once
13146,	executed within 24	n and completely fill to burial, cremation	matic event the
P.O. BOX	ath certificate be	ttending physicial	or other tran
JF VITAL RECORDS, P.O. BOX 13146,	requires that the de	is certificate has been signed by the attending physician and completely filled in by the fifth the State Deut, of Health and Mental Hygiene prior to burial, cremation, or removal.	whome are inter-
F VITAL	YSICIAN: The law	s certificate has I	od or item 22

												90	21:	139
	FOR 1 STATE	STATE OF N	MARYLAND /						MENTAL H	YGIENI	E			
	REGISTRAR		C	ERTIF	ICATI	E OF	DEAT	ГН		EG. NO.				
,	1. DECEDENT'S NAME (First, Middle, Last) Andrew A. H	onderi al-							2. DATE OF I	, DA	ν	YEAR	3. TIME OF DEA	KTN
										4	90			М
	4. SOCIAL SECURITY NUMBER	5. SEX 1 7 M 2 F	6. AGE (In yrs. la		IF UNDER	DAYS	HOURS	24 HRS. MIN.	7. DATE OF 1 (Month, De 7 – 4	WATH y. Your)	I	Country		Foreign
i	213-32-7954		56	YRS.		l				-34			.abama	
_	9e. FACILITY NAME (If not institution, give s						R LOCATIO		ATN		9c. COUN	ITY OF DE	ATH	
S S	2120 KoKo Lan	e				Balt	imo	re						
딥	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CIT	TY
DIRECTOR	MD.				Bal:	timo	re						LIMITS?	NO
							ZIP CODI	E			10g. CITI	ZEN OF W	HAT COUNTRY?	
8	2120 KoKo Lane					1	212	16				U.S		
FUNERAL	11, MARITAL STATUS	12. WAS OECEDEN	T EVER IN U.S. A	RMEO	13.	WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN? (S	pecify Yes	or No	14. RACE	- American inc	dlan,
	1 Never Merried 2 Merried	FORCES?	YES 2	NO If yes, specify Cuban, Mexican, Puerto 1 ☐ YES 2 ☐ NO Specify:				n, etc.)		Specify	, White, etc.			
ВУ	3 Widowed 4 Divorced		A	rmy									Blac	k
입	15. DECEDENT'S EDU (Specify only highest grade		16a. Di	ECEDENT'S Give kind of	USUAL C	CCUPATIO	N st of worldr	30	16b. KJP	ID OF BUS	HNESS/IND	USTRY		
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5	+)	e. Do NOT u	se retired.)									
절				Fork	Li	fter	0p	er.						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)								ME (First, Midd					
BE (Frank Hendricks Sr.						J.	ulia	a Mar	shal	.1			
196. INFOHMANT S NAME (TyperFrint)														
morew hendricks of. Zizo koko Lane Barlo.,														
20a. METHOD OF DISPOSITION 1 GL Burlet 2 Cremation 3 Ramoval from State 2 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) Marshall Cemetery 20c. LOCATION – City or Town, State Montgomery, Alaba														
	4 🗋 Donation 5 🗆 Other (Specify)		ele .	Mar	sha.	LI C	eme	tery	7	Mo	ntgo	mer	y, A1	<u>abam</u>
	21. SIGNATURE OF FUNERAL SERVICE LI				22	NAME A	ND ADORE	SS OF FA	CILITY			Mo	proe-	ST.
	Novetha	Hect		281	E.	. L. Р	hil	lips	Fun	eral	. Hon	neT7	21º27	N:
	23. PART I. Enter the diseases, or ahock, or heart failure.				not anta	r tha mo	da of dy	ing, suc	h aa cardlad	or reapi	ratory arr	est,	Approxi	mata Between
	IMMEDIATE CAUSE (Final												Onset a	nd Death
	disease or condition reaulting in death)	. 1	006	CAI	ANCETT						17	MOS,		
		OUE TO	(OR AS A CONSE	EOUENCE (OF):									
Z	Sequentially list conditions,	b											-	
ERTIFICATION	if any, leading to immediate	DUE TO	(OR AS A CONSE	EOUENCE (OF):									
2	cause. Enter UNDERLYING CAUSE (Disease or injury	C	(OR AS A CONSE	EQUENCE (ME).								-	
Ē	that initiated events resulting in death) LAST	502 10	(ON AS A CONSE	LOCUTOR	,. ,.								İ	
CEF		d											1	
	PART II. Other aignificant condition	na contributing to	death but not	resulting	in the u	ndertyln	g cause	given in	Part I. 24	a. WAS AN PERFOR		24b.	MERE AUTOPSY MAILABLE PRIC	
									1	YES 2	□ NO		OF DEATH?	FCAUSE
Ä													1 YES 2	NO [
7														
Ĭ.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF D	DEATN (Ch	eck only one)					
Sic	1 YES 2 W NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	4 - Nu		10 5 NR	esidence	8 - Other (S	(pecify)				
PHYSICIAN: MEDICAL	27. MANNER OF OEATN	28a. OATE OI (Month, I	F INJURY Day, Year)	28b. Til	ME OF	28c. IN.	URY AT		28d. OESCR	IBE NOW I	NJURY OC	CURED		
ВУВ	1 Netural 5 Pending 2 Accident Investigation				М		YES 2 [NO						
ED 8	3 Suicide 6 Could not be	28e. PLACE 6	OF INJURY — At I	ome, farm,	street, fa	ctory, offic	:0			ON (Street (lown, State)		or Rural R	Route Number,	
	4 Nomicide determined	180000110												
PLE	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best o	f my knowledge, o	death occur	red at the	time, date	end place	e, end due	to the cause	(e) and ma	nner as sta	ted.		
COMPLET	one)	ER: On the beels of	o/bne noltenimaxe	r investigat	lon, in my	opinion,	death occu	ired at the	time, date an	d place, ar	nd due to th	ne cause(e) and menner s	stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	ER .					29c. LIC	ENSE NU	MBER		29d. DAT	E SIGNED	(Month, Day, Yes	nr)
8	march	11	· Mi				D 3	23	011			0 0	7,9	

Suna Daydoon-Amale

30. NAME AND ADDRESS OF PERSON WHO DOMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

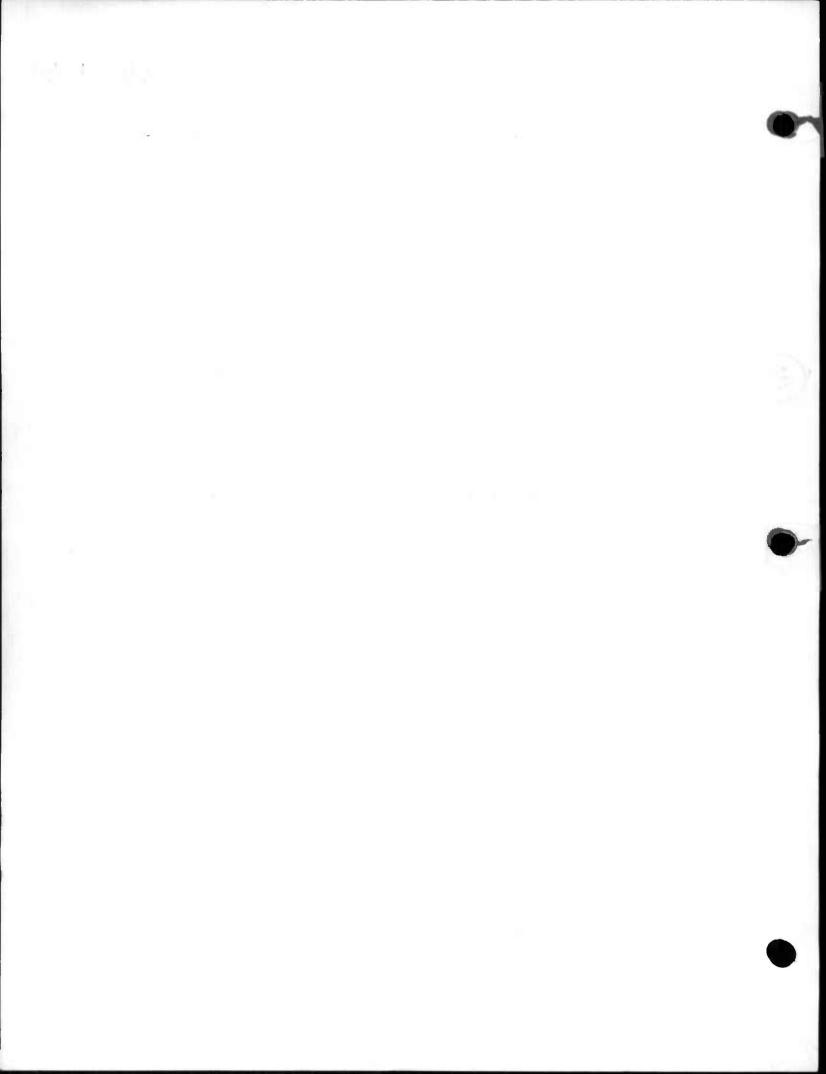
AUG 1 0 1990

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zernours after death. Page 6 may be entraned in the loss	TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director maps 5 should be defined by selections of the funeral directors and the funeral production of removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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as th	gned	60
equir	en Si	how
aw r	s pe	23 8
The The	ate ha	E
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YSIC	is ce	pg ,
6 1	er th	nark
NON	A: Aft	is n
ATTE	CTO	78
OR	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune and many after a state death with the State Deet of Health and Mental Hydiene order to build cremation, or removal	fem
MIAL	RAL	11
HOSP	TUNE	ANI
-	_ ,	-
Ξ	뿔	Q

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL	HYGIENE REG. NO.	5 (61340
1. DECEDENT'S NAME (First, Middle, Last) EARNESTINE	JONES / ERNE	STINE J			2. DATE O		YEAR 90	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	,		F UNDER t YEAR	IF UNDER 24 HRS.	7. DATE 0	F BIRTH	8. BIRT	HPLACE (State or Foreign
249-24-0244	1 □ M 2027 F 68		ONTHE DAYS	HOURS MIN.	(Month. 7 - 8	Day, Year)	Count	S.C.
9e. FACILITY NAME (If not institution, give :	street and number)	9	b. CITY, TOWN O	R LOCATION OF DE			OUNTY OF I	
UNION MEMORIAL H	OSPITAL	E	BALTIMO	RE, CITY				
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	~	100 0000	TOWN OR LOCAT	ON)				464 INDIDE CITY
MD NO. STATE	•		TIMORE					10d, INSIDE CITY LIMITS? XXX YES 2 \(\square\) NO
10e. STREET AND NUMBER				ZIP CODE		10g.	CITIZEN OF	WHAT COUNTRY?
2622 KIRK AVI	ENUE			21218		1 22	US	4
11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED		ENDENT OF HISPAN		(Specify Yea or No-	- 14. RAC	E American Indian,
1 Never Married 2 Merried 3 M Widowed 4 Divorced	FORCES? 1 YES			cify Cuben, Mexical 2011 NO Specify		can, etc.)	Spec	olfy:
	l T				1		1	BLACK
15. DECEDENT'S EDU (Specify only highest grade	e completed)	(Give kind of wor ille. Do NOT use i	k done during mos	N at of working	166.	KIND OF BUSINESS	INDUSTRY	
Elementary/Secondary (0-12) 11th Grade	College (1-4 or 5 +)	Unemplo						
17. FATHER'S NAME (First, Middle, Last)	1	o womp o	900	16. MOTHER'S NA	ME (First, Mi	ddle, Malden Sumam	10)	
WILLIE Di	WILLIE DUBOSE						DS	
19a. INFORMANT'S NAME (Type/Print)		196. MAILING A	DDRESS (Street a	nd Number or Rural F	Route Numbe	or, City or Town, State,	Zip Code)	
BEVERLY JONES	CADE	2622	KIRK A	VENUE/E	BALTI	IMORE	MD.	21218
200 METHOD OF DISPOSITION 1 □ Burlel 2 □ Cremation 3 □ Ran	novel from State	PLACE OF DISPOSIT				20c. LOCATION		1500
4 Donation 8 Other (Specify)		MT. CAL		EMETER		ANNE.	ARUNI	DEL CO. MD
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE / 8		22. NAME AN	D ADDRESS OF FA	CILITY			
> Krance	-X-	2	WHI C.	MARCH E	. н.	1101 E	. NO	RTH AVE.
23. PART I. Enter the diseases, or shock, or heart fellure.	omplications that caused. List only one cause on ea	I the deeth. Do no	enter the mo	de of dylng, suc	h aa cerdi	sc or respiratory	srrest,	Approximate Interval Between
IMMEDIATE CAUSE (Final				-4				Onset and Death
disease or condition resulting in death)	· Brain	Stem	Hew	orthap	2			3 days
	DUE TO (OR AS A	CONSEQUENCE OF):		0				
Sequentielly list conditions,	DUE TO (OR AS A	CONSEQUENCE OF:	16-					O Chan
If sny, lesding to immediate cause. Enter UNDERLYING		,						
CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):						
resulting in death) LAST	d							
PART II. Other significant condition	one contributing to deeth h	ut not resulting in	the underlyln	ceuse alven in	Part 1	24e. WAS AN AUTOP	ev 24	b. WERE AUTOPSY FINDINGS
011 4	T	at not resulting in	the underlying	Codae giron in		PERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE
PIG	7				- 1	1 U YES 2 NO	'	DF DEATH?
319 6. 1	1.				-			1 UES 2 NO
25. WAS CASE REFERRED TO MEDICAL	\(\frac{\sigma_{I_1}}{\llocat}\)		26. PI	ACE OF DEATH (Ch	eck only one)		17/15
EXAMINER?	HOSPITAL: 11 Inpatient 2 ER/Outp		OTHER:	e 5 🗆 Realdence	6 Other	(Specify)		
27. MANNER OF BEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJUI	OF 28c. INJ		_	CRIBE HOW INJURY	OCCURED	
Netural 6 Pending Accident Investigation	.rla		M 1 🗆		1	U/A		
3 Sulcide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	- At home, farm, str	eet, factory, offic	•	28f. LOCA City o	TION (Street and Nur r Town, State)	mber or Rura	Route Number,
4 Homicide determined		NA				NI	7	
CONDUCT OFFIN	SICIAN: To the best of my know IER: On the beels of examination							(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUI		- II-2-C-C-C-IIII		D (Month, Day, Year)
	March			77	966)	8/7	190
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, F	Print)		, 40,	0	11	(1 0
Majez	El-Harak	ATTORNA)h 1	Union 1	hum	منمل	1-1016	it
31. DATE FILED (Month, Day, Year)	July Davidson-10	TO COL						



BALTIMORE, MAF

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

HESTER P. JONES

5. SEX

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13146,	TANK TO SERVICE
P.O. BOX 13146	A. C. M. Brands have
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OF VITAL	
DIVISION	
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6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 M 2 F . 79 213-05-0578 YRS. 06/2111 permit, Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH Good Samaritan Hospital Baltimore, DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore FUNERAL 10s. STREET AND NUMBER as the burial-transit 3345 Beech Avenue 21211 attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-FORCES? 1 YES 2 If yes, specify Cuban, Maxican, Puerto Rican, atc.) 1 Never Merried 2 Merried 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5 +) 6 Homemaker 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Frank Perryman Cora Harrison BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) after death. Page 6 may be retained director, page 5 ship 2 3345 Janet Mc Dermott Beech Avenue, Baltimore, Md 21211 pe 20a. METHOO OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 17 Buriel 2 Cremetion 3 Removal from State
4 Donetion 5 Other (Specify) must Parkville, Maryland Moreland Memorial Park 22. NAME AND ADDRESS OF FACILITY Burgee-Henss Funeral Home 21. SIGNATURE OF PUNERAL SERVICE LICENSEE examiner the funeral 3631 Falls Road, Baltimore, Maryland 21211 Mm medical 23. PART I. Enter the diseases, or compressions that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by shock, or heart fellure. List only one ceuse on each line. 6 IMMEDIATE CAUSE (Final the cremation, disease or condition bastino Lancenon pletely f reauiting in deeth) event, DUE TO (OR AS A CONSEQUENCE OF): and com or other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 If any, leading to immediate cause. Enter UNDERLYING een signed by the attending physician of Health and Mental Hygiene prior to CAUSE (Diseese or Injury DUE TO (OR AS A CONSPOUENCE OF): thet initieted events resulting in death) LAST 23 shows any injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 YES 2 NO certificate has been h the State Dept. of PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Item HOSPITAL:
1 Impatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 0 28e. OATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF INJURY 26c, INJURY AT 28d, DESCRIBE HOW INJURY OCCURED Is marked, DIRECTOR; After this chours after death with 1 Natural М 1 YES 2 NO BY 2 Accident 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Suicide 6 Could not be COMPLETED 28 4 Homicide tem 29e. CERTIFIER

(Check aniv 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(a) and manner as stated. TO THE FUNERAL C be filed within 72 h IMPORTANT: If It 2 🗌 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 三 二 三 Lalit Dandona, M.D. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) write Hospital 5601 Loch Raven Blod, Battimore, MD 21239 32. REGISTRAR'S SIGNATURE Julia Savidson 1 0 1990

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2. DATE OF DEATH MONTH

7. DATE OF BIRTH

07

08

90 21941

3. TIME OF DEATH

10d, INSIDE CITY

14. RACE — American Indian, Black, White, etc.

White

1 X YES 2 | NO

Interval Between

Onset and Dasth

24b. WERE AUTOPSY FINDINGS

AMAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

08/07/90

8. BIRTHPLACE (State or Foreign

6:00 AM

90

Virginia
9c. COUNTY OF DEATH

10g, CITIZEN OF WHAT COUNTRY? U.S.A.

Baltimone, MD

DHMH-16 Rev 1/89

1411 - 53

האביוואטרב, יווארו באוט	urs after death. Page 6 may be retained by the hosp	ed in by the funeral director, page 5 should be detached	1, of removal.	s medical examiner must be notified at once.	
DIVISION OF VIEW RECORDS, F.C. BOX 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the law of the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely —8 in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Memai Hygishe prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

STATE OF MARYLAN	D / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
	CERTIFICATE	OF DEATH	REG. NO.

1 - FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTMENT		MENTAL HYGIE		
1. DECEDENT'S NAME (First, Middle, Lost)	Sohnson			2. DATE OF OEATH		3. TIME OF OEATH
4. SOCIAL SECURITY NUMBER 218-09-8964 9a. FACILITY NAME (If not institution, give	5. SEX 1 M 2 F G. AGE (In yrs. In the street and number)	YRS. MONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN. OWN OR LOCATION OF D		8-07 8.E	BIFTHPLACE (State or Foreign Country) OF DEATH
10e. STREET AND NUMBER		10c. CITY, TOWN OR	LOCATION LOCATION LOCATION 101. ZIP COOE	City	10g. CITIZEN	10d. INSIDE CITY LIMITS? 1 YES 2 NO OF WHAT COUNTRY?
240 E. OIVE 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Ofvorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 I IF YES, GIVE WAR OR DATES	NO II	AS DECENDENT OF HISPA yea, specify Cuben, Mexico YES 2 NO Specif	n, Puerto Rican, atc.)		RACE — American Indian, Black, White, atc. Specify:
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	e completed)	DECEDENT'S USUAL OCC Give kind of work done du fe. Do NOT use retired.)	ing most of working	A:	t Horo	
17. FATHER'S NAME (First, Micidle, Last) Filesa h 19a. INFORMANT'S NAME (Type/Print)	1111	19b. MAILING ADDRESS (Mar	ME (First, Middle, Mald	2	
Walter Unh	NSON	2410 E.O.	iver St. 1	Balto Number, City or	DA. 21.	213
20e. METHOO OF OISPOSITION 1 We Buriel 2 Cremellon 3 Ren 4 Donallon 8 Other (Specify)	noval from Stale	E OF OISPOSITION (Namplece)	of cemetery, cremetory or M. Rank	20c.	Chiti	or Town, State
21. SIGNATURE OF FUNERAL SERVICE L	Centre	22. N	AME AND ADDRESS OF FA	CILITYCOLLIC	K F. F.	t.
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	List only one cause on each li	TATICEN REQUENCE OF): THEOUENCE OF):	1 DOMETRI			Approximats Interval Betwee Onset and Dest
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significent condition	d		erlying cause given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
25. WAS CASE REFERRED TO MEDICAL					3 2 (LANO	DF DEATH?
EXAMINER?	HOSPITAL:	3 DOA 4 Mursi	26. PLACE OF OEATH (C)			
27. MANNER OF OEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)		RRC. INJURY AT WORK?	26d. DESCRIBE HO	W INJURY OCCUR	ED
2 Accident investigation 3 Suicide 8 Could not be 4 Homicide detarmined	26a, PLACE OF INJURY AL	home, farm, street, factor	y, offica	281. LOCATION (Str. City or Town, St		Rural Route Number,
anai	SICIAN: To the best of my knowledge,					succe(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE	Stank MD		20c. LICENSE NU	MBER 203	29d. DATE SI	GNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEATH (I		tOSPITAL	BAC	Timolt	- mD
31. DATE FILEO (Morrith, Day, Year) AUG 1 0 1990	guia Daydon-Ha	rdell.				

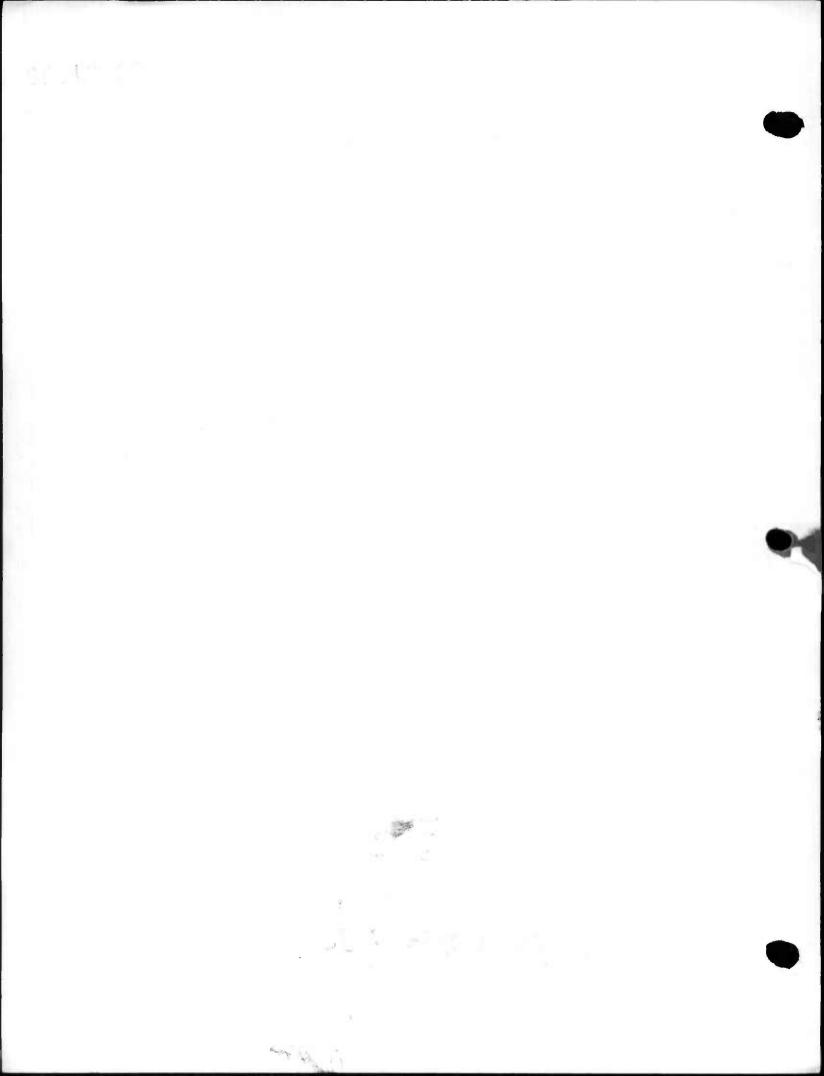
Side C?

mit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should b		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified a
page		8
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DIRECT	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	tem 2
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TOT.	be file	IMP

	REGISTRAR		OL		JAIL U	PEAIR	H	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last		OSEPH 1	KERNA	N, Sr.		2. DATE OF E	DEATH DAY		YEAR 90	TIME OF DEATH 9 05 A M	
1	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. lest i		IF UNDER I YEAR	IF UNDER 24 HRS.	7. DATE OF 8				ACE (State or Foreign	
	217 05 8184	1X M 2 □ F			IONTHS DAYS		(Month, Day		- 1	Country) Mary		
	9a. FACILITY NAME (If not institution, give	atreet and number)			9b. CITY, TOWN OR LOCATION OF DEATH			9c, COUNTY OF DEATH				
٣ ا	GREATER BALTIMO	RE MEDICAL	CENTER		TOWS	ЮN			RΔI	LTIMO	DE	
Ĕ	RESIDENCE OF DECEDENT	INE TIEDTONE	OLIVILIN		10110	011			U/A	LITIO	INL.	
DIRECTOR	10a. STATE 10b. COUN				TOWN OR LOC					10d. INSIDE CITY LIMITS?		
	MD B	ALTIMORE		BALTIMORE						1	☐ YES 2 📉 NO	
A	10e. STREET AND NUMBER	- 1				101. ZIP CODE			10g. CITIZ	ZEN OF WH	F WHAT COUNTRY?	
FUNERAL	2303 Tarleton L	ane		21234					U.	S.A.		
5	11. MARITAL STATUS	YES 2 NO	ED		ECENDENT OF HISPAN specify Cuban, Mexican			or No-	14. RACE -	- American Indian, White, etc.		
ВУ Г	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR		,		ES 2 NO Specify		i, etti.j		Specify:		
		WW II			l					Whit	е	
Ē	15. DECEDENT'S ED (Specify only highest gra		(Gh	kind of wo	SUAL OCCUPA ork done during	TION most of working	16b. KIN	D OF BUS	INESS/IND	USTRY		
Ę	Elamentary/Secondary (0-12)	College (1-4 or 5+)		Do NOT use			C+		Ch : m	nina		
COMPLETED	10 yrs		Supe	erint	endent				Ship	brug		
8	17. FATNER'S NAME (First, Middle, Last)					16. MOTHER'S NAI						
H	Eugene J. Kerna	n				Ella Ma	<u> </u>	_				
2	19a. INFORMANT'S NAME (Type/Print)					at and Number or Rural F						
-	Susan Glaze			_		Ct. Balti	more,					
	20a. METHOD OF DISPOSITION 1 XBurial 2 Cremation 3 Re	moval from State	other plac	xe)		cemetery, crematory or				City or Town		
	4 Donation 5 Other (Specify)		Dulan	ey Va		3-14-90		Timonium, Md.				
	21. SIGNATURE OF FUNER \1. SERVICE	LICENSEE	. /			AND ADDRESS OF FAC		Uom	O T	no		
	15/1/2	///	//4			York Rd.						
	23. PART I. Enter the diesees, D	r complications that o	caused the dea	th. Do no	ot anter the r	node of dving, such	as cerdisc	or respir	ratory srr	rest.	Approximate	
	ahock, or heart fallur	e. Liat only one cause	on each iine.							-	interval Between	
	iMMEDIATE CAUSE (Fine) disease or condition	()	;		1	. (.		-/	.0	Onset and Death		
	resulting in death)	8	OR AS A CONSECU	JENCE OF	·	, Con	are f	Conce	11	ock	-	
_		. 4	with	cent	2 4	well "	10 000	de	00	6. 0	Pj I	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate Out TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
¥	ceuse. Enter UNDERLYING				V							
트	CAUSE (Disease or injury that initiated events	DUE TO (O	R AS A CONSEC	UENCE OF)	:						1	
F	resulting in death) LAST	d										
EDICAL	PART ii. Other aignificant conditi	ona contributing to d	eath but not re	suiting in	the underly	ing ceuse given in	Part I. 24	PERFOR		1	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO	
ᆲ							11	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?	
							_			1 1	☐ YES 2 ☐ NO	
ż												
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. OTHER:	PLACE OF DEATH (Ch	eck only one)					
Š	1 YES 2 NO	1 Inpatient 2 E	ER/Outpatient 3			ome 5 🗆 Residence	6 Other (Sp	pecify)				
PHYSICIAN: M	27. MANNER OF DEATN	28a. OATE OF IN (Month, Day,		28b. TIME INJU	OF 28c.	INJURY AT WORK?	28d. DESCRI	BE NOW II	NJURY OC	CUREO		
B	1 Netural 6 Pending 2 Accident Investigatio	n			M 1[YES 2 NO						
	3 Suicide 6 Could not t	28e. PLACE OF building, at	INJURY — At honic. (Specify)	ne, farm, st	reet, factory, o	ffice	28f. LOCATIO	ON (Street a	ind Number	r or Rural Ro	ute Number,	
	4 Homicide detarmined											
COMPLETED	29a. CERTIFIER (Check only	YSICIAN: To the best of m	y knowledge, des	th occurred	d at the time, d	ata and place, and due	to the cause(s	and men	nner se stat	ted.		
M	ana)	INER: On the basis of axe	mination and/or in	rvestigation	, in my opinio	n, death occured at the	time, data and	i place, an	d due to th	he cause(a)	and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIF	TIER /				29c. LICENSE NUI	IBER		29d. DAT	F SIGNED	Worlth, Day, Year)	
B	11/	1 Cel							•	8/9/	90	
은	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE	OF DEATH (ITEM	27) (Type,	Print)					W "/		
	JAMES RICELY, I		B.M.C.		,							
	31. DATE FILED (Month, Day, Year)	Julia David			1							
	AUG 1 0 1990	guna David	won-Hand	فالتك								
_												



S1. DATE FILED (Month, Day, Year)
AUG 1 0 1990

Daydon-Pandell

	REGISTRAR 1. DECEDENT 'S NAME (First, Middle, Last)							ГН	2. DATE	OF DEATH	AY	YEAR 3.	TIME OF DEATH
	man /	Curc							X	/		N	3.00 a
	226-12-7895	5. SEX	6. AGE (In yrs. le: 70	YRS.	MONTHS 1	DAYS	HOURS	MIN.	(Mont	of BIRTH h, Day, Year) 2 - 15 - 1		Country)	rginia
~	9a. FACILITY NAME (If not institution, give	street and number)	1		9b. CITY, T					-1)		Y OF DEAT	The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa
TOF	RESIDENCE OF DECEDENT	10 spita	.1			ват	tim	ore					
DIRECTOR	10a. STATE / 10b. COUN	тү			Y, TOWN OR							10-	d. INSIDE CITY
	MD.			В	alti	nor	e					t%	YES 2 NO
RAL	408 E. 20Th.	Street				101. ZIP CODE 10g. CITIZEN OF					U S		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN	IT EVER IN U.S. AF	2 NO If yes		yes, spe	DECENDENT OF HISPANIC ORIG a, specify Cuban, Maxican, Puerle YES 2 KNO Specify:				or No—	14. RACE — American Indian, Black, Whita, etc. Specify:	
	15. DECEDENT'S ED	UCATION	18a. Di	CEDENT'S	USUAL OCC	UPATIO	N		188	. KIND OF BU	SINESS/INDU	STRY	Black
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5	+)	live kind of a n. Do NOT us	vork done du e retired.)	ring mos	st of world	ng					
JWC	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME /First	Middle, Maiden	Sumama)		
C	Unknown							Unkı					
TO BE	19a. INFORMANT'S NAME (Type/Print) Albert P. Williams 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2704 Garrison Blvd. Balto MD.												
F	ALbert P. Wil	liams		27	04 G	arr	iso	n B	lvd				
	20a, METHOD OF DISPOSITION 1 Burlat 2 Cremation 3 Res 4 Donation 5 Other (Specify)	noval from Stata	20b. PLACE	of DISPOS	more	Ce Ce	met	ery			CATION - C Balti		Stata MD .
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE #281 #281 **28. NAME AND ADDRESS OF FACILITY Monroe St. E.L.Phillips Funeral Home 1721-27N.												
	23. PART I. Enter the diseases, or ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a. List only one can	traces the deuse on each line traces of the conse	lu	üder					lus			Approximata Interval Between Onset and Death
ATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inlieted events	C	(OR AS A CONSE										
ERTIFIC	reaulting in deeth) LAST	d	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. Chorus with Hymbers 1 YES 2 X P.									7 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 N NO	
: MEDICAL CERTIFICATION	PART II. Other algnificant condition				In the und	erlying	CAUSE	given in	Part i.	PERFO	RMED?	AM CC OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
7	PART II. Other algnificant condition		Hyute y Wise	tu	OTHER:	26. PL	ACE OF D	DEATH (Ch	eck only o	PERFOI	RMED?	AM CC OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inputant 2 28a. DATE OF	Ser/Outpetlant:	DOA 28b. TIM	OTHER:	26. PL. ng Home 8c. INJE WOI	ACE OF D	DEATH (Ch	eck only o	PERFOI	RMED?	AM CC OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
BY PHYSICIAN: MEDICAL	PART II. Other algnificant condition Control 25. Was case referred to Medical EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpetiant 2 28a. DATE OI (Month, I	Service :	B DOA BOOK	OTHER: 4 Nursir E OF 2	26. PL. ng Home 8c. INJU WOI 1 Y	ACE OF I	DEATH (Ch	eck only on 8 Other 28d. DE	PERFOI 1 VES 2	RMED?	AM CC OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
PHYSICIAN: MEDICAL	PART II. Other algnificant condition Control 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetiant 2 28a. DATE Of (Month, L) 28b. PLACE (building)	ER/Outpetlant : ENJURY any, Year) OF INJURY — At he, atc. (Specify)	3 DOA 28b. TIM IN.	OTHER: 4 Norsir E OF 2 URY M street, factor	26. PL. ng Home 8c. INJL WOI 1 Y y, office	ACE OF E	DEATH (Ch	8 Other	PERFOI 1 VES 2 NO (Specify) SCRIBE HOW I CATION (Street or Town, State)	INJURY OCCI	1 (JRED JRED JRED	AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO

DHMH-18 Rev 1/89

lt MN 2/202

44614, US

OHMH-18 Rev 1/89

permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21203-3146 urs after death. Page 6 may be recently on attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

or attending physician.	for use as the burial-transit	-	32
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-mours after death, Page 6 may be many by the contraction or attending physician.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 ***********************************	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be not treat a none.
THE P	TO THE F	be filed w	IMPORT

	1 - FOR STATE OF MARYLAND / D REGISTRAR CEF		ENT OF HE		MENTAL	HYGIENI REG. NO.	E				
	1. OECEDENT'S NAME (First, Middle, Liet) Margaretta Athman	Lidi	nsky		2. DATE O	DA		YEAR 9. 1	TIME OF OEATH P		
	4. SOCIAL SECURITY NUMBER 212-03-6356 6. SEX 1 M 2 XF 73	YRS. IF U	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF		8		CE (State or Foreign		
OR	9a. FACILITY NAME (If not Institution, give street and number) Union Memorial Hospital	9b.	Baltim	ore	EATH		9c. COUNT	Y OF DEATH	1		
DIRECTOR			WN OR LOCATIO			10d. INSIDE CI LIMITS?					
	Maryland Baltimore	Cockeysville					10a CITIZE		YES 2 NO		
FUNERAL	1017 Trickling Brook Lane ROAD						A	000111111			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Olvorced 12. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES						or No— 1		American Indian, itta, etc. White		
TED	15. DECEDENT'S EDUCATION 16a. OECE (Specify only highest grade completed) (Give	EOENT'S USUA	AL OCCUPATION done during most red.)	of working	16b. I	UND OF BUS	INESS/INDUS	STRY			
COMPLETED	Elamentary/Secondary (0-12) College (1-4 or 5 +)	Cashi				State	of M	aryla	nd		
BE CON	17. FATHER'S NAME (First, Middle, Last) Anton Clemens Athman			Josep	hine S	S. Sc	hultze				
6	19a. INFORMANT'S NAME (Type/Print) Anton M. Lidinsky 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 30 Arverne Ct., Lutherville, Md. 21093										
	20a. METHOD OF DISPOSITION 1										
	21. SIGNATURE CHEPUSE Clary		22. NAME AND	on-Mitc	hell-W	iedef	eld				
	Bryan W. Clary		Timor	nium, M	arylaı	nd 21	093				
	23. PART I. Enter the diseases, or complications that caused the deat shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a.				ch aa cardi	ac or respi	ratory arred	et,	Approximate interval Between Onset and Death		
N	OUE TO (OR AS A CONSEQUENCE OF):										
ATIC	ceuse. Enter UNDERLYING	JENCE OF):	3	0							
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	JENCE OF):									
E CE	PART II. Other aignificant conditions contributing to death but not res	suiting in th	ne underlyina	cause given in	Part I.	24a, WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS		
EDICAL						PERFOR	MED?	CO DF	MILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO		
N								1	1159 2 NO		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Ves 2 NO 1 Nopeliant 2 ER/Outpatient 3	ОТ	HER:	ACE OF DEATH (C							
PHYSICIAN: MEDI	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF		Fry AT	_	(-1 //	NJURY OCCU	RED			
ВУ	1 Netural 5 Pending 2 Accident Investigation	1,100	M 1 🗆 Y	ES 2 NO	284 LOCA	MON /Street	and Number o	er Durel Doub	Mumber		
ETED	3 Suicide 6 Could not be 4 Homicide detarmined		t, factory, office			Town, State)		r Hurai Mode	, realings,		
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or in								d manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER Down Molesworth D.C.) ,		AM252		9009		SIONED (MO	onth, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM	27) (Type, Prin	0	R. 11	ore,	n A		7)		
	AUG 1 0 1990 gute Diolesare Mene	A TANK		Jayrim	016,	MOK.					

PLEYED BY FUNERAL DIRECTOR

TO BE C

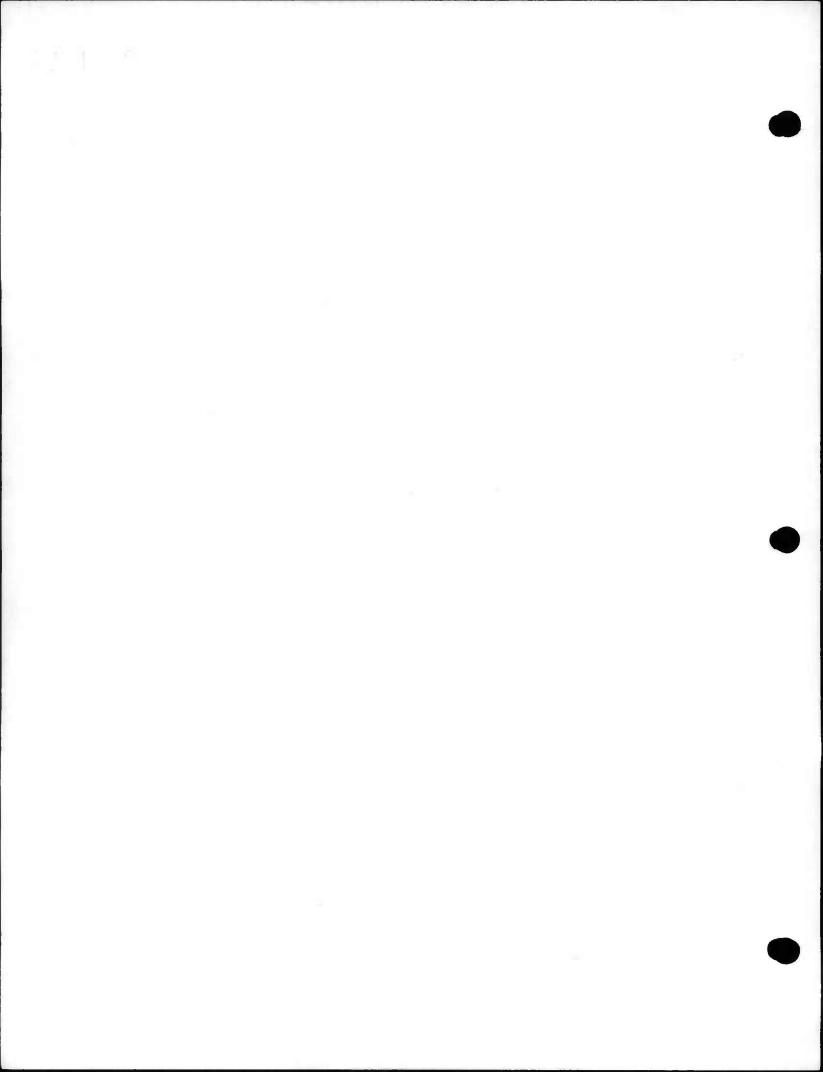
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Ours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be director. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be director. After this exist begin or Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTM CERTIFICA	ENT OF HEALTH AND MATE OF DEATH	MENTAL HYGIENE REG. NO.						
1. DECEDENT'S NAME (First, Middle, Lasty)	a; Carolina +90 me	ny	2. DATE OF DEATH MONTH DAY	YEAR 9. 3. TIME OF DEATH S: 25 A M					
4. SOCIAL SECURITY NUMBER 25/-24-4370		UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country) So Carolina					
Bon Secoup	set and number) 9b. SHOSpitAL	BATT. Md	ATH 9	C. COUNTY OF DEATH					
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CITY, TO	own or Location Himone		10d. NSIDE CITY LIMITS? 1 PYES 2 NO					
100. STREET AND NUMBER 746 POPLAK	57.	101. ZIP CODE 2/2	16	0g. CITIZEN OF WHAT COUNTRY?					
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puarto Rican, etc.) Specify: Specify:								
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		done during most of working	166. KIND OF BUSINE	Smelting Corp					
17. FATHER'S NAME (First, Middle, Last) JAMES MON	tgomery	18. MOTHER'S NAI Celia	ME (First, Middle, Malden Sun	name)					
190. INFORMANT'S NAME (Type/Print) ANNI & MONT	gomery 740	POPLAR GRUL	18175	(to, Md 21210					
26e METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from Stata MT. 210 N	N (Name of cometery, cremetory or Cemeter)	20c. LOCAT	Garine, md.					
21. SIGNATURE OF FUNERAL SERVICE LICE	Alen &	22. NAME AND ADDRESS OF MA	sech F/H 1	1018. Horth Ave					
	omplications that caused the death. Do not also only one cause on each line. DUE TO (OR AS A CONSEQUENCE OF):	enter the mode of dying, auc	lung	ory arrest, Approximate Interval Between Onset and Death					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other algoriticant conditions	contributing to death but not resulting in t	he underlying ceuse given in	Part I. 24a. WAS AN AU PERFORME 1 YES 2:52	ED? AMAILABLE PRIOR TO COMPLETION OF CAUSE					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (Ch							
27. MANNER OF DEATH Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME Of INJURY	Nursing Home 5 Residence F 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJU	URY OCCURED					
2 Accident 3 Suicide 6 Could not be 4 Homicide detarmined	26e. PLACE OF INJURY — At home, farm, street building, etc. (Specify)	rt, tactory, office	26t. LOCATION (Street and City or Town, State)	Number or Rural Route Number,					
deed only	CIAN: To the best of my knowledge, death occurred a c. On the basis of axamination and/or investigation, in								
29b. SIGNATURE AND TITLE OF CERTIFIER	Kell	29c. LICENSE NUI	MBER 2	Pd. DATE SIGNED (Month, Day, Year)					
Moges 60	COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pril	nt)							
ALIG 1 0 1990	ia Dalitasines democratic								



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

9e. FACILITY NAME (If not institution, give atreet and number)

4 SOCIAL SECURITY NUMBER

213 26 4146

Cornelius

5. SEX

1 🔯 M 2 🗌 F

1 -

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

Maryland

9c. COUNTY OF DEATH

Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?

2:45PM

should

60 60	l a	2303 Maryland Avenue Baltimore City											
s 1, 2,	5	RESIDENCE OF DEC	10b. COUNT	v		10c CITY TO	OWN OR LOCA	ITION			_	104	d. INSIDE CITY
Page	DIRECTOR	Maryland	IOL COONT	1		1	imore	NION .					LIMITS?
ermit	AL (10e. STREET AND NUMBER				1	1	Of. ZIP CODE			10g. CITIZE	_	T COUNTRY?
nsit p	E 1	2303 Mary	land A	ve.,				21218			U	. 8.	a.
and by the nospital of attending physician. The detached for use as the burial-transit permit. Pages at at once.	BY FUN	11. MARITAL STATUS 1 Never Merried 2 3 Wildowed 4 Dive		12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 🔽	BMED	If yes, s	CENDENT OF HISPANI pecify Cuben, Mexican 8 2 NO Specify:	Puerto Rican	ecity Yee, atc.)	or No- 1	Black, WI	American Indian, Thite, atc. White
Se as	E	15. DEC (Specify on	CEDENT'S EDU	CATION completed)	16e. D	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refined.) 18b. KIND OF BUSINES					INESS/INDU	STRY	
detached for use as once.	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 6+)	jH	Teac							
detach once.	00	17. FATHER'S NAME (First, A					-	18. MOTHER'S NAM					4.6
med by	BE	Charles T		У	1.			Marga					
1000	2	M's Anna		es				end Number or Rural R					
1 1		20e. METHOD OF DISPOSIT	20b. PLACI	of Disposition	on (Name of a	emetery, crematory or			CATION - CI		state yland		
3		4 Donation 6 Other		CENSEE		ou cu		AND ADDRESS OF EACH	irita				7
he funera al.		Harri	,			Old Colum					у		
ured within 2+mouts after beam. completely filled in by the funera mial, cremation, or removal. c event, the medical examination.		23. PART I. Enter the control of the shock, Del Historia of the shock, Del Historia of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock	gert fellure.	complications that cause by List only one cause by Hyperten Due to (or A	sive	e. arteri		rotic card					Approximate interval Betwee Onset and Dae
to deam certificate be executed the attending physician and com Mental Hygiene prior to burial, ijury, or other traumatic ev	ERTIFICATION	Sequentially list condi- if any, leading to imme- cause. Enter UNDERLY CAUSE (Disease or inj- that initiated events resulting in death) LAS	edists /ING ury	с	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
the atte Mental njury.	L CEI	PART II. Other signific	ent condition	ns contributing to deet	ontributing to deeth but not resulting in the underlying cause given in					n Part I. 24s, WAS AN AUTOPSY 24b.			ERE AUTOPSY FINDING
2 2 2	CA	Chronic a	lcohol	ism; chroni	c obs	structi	ve_pu	lmonary	_	PERFOR		CO	AILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
requires een sigr of Heal	: MEDICAL	disease								EAD (YES 2 □ NO
he law that b the Dept.	SICIAN:	25. WAS CASE REFERRED 'EXAMINER?	TO MEDICAL					PLACE OF DEATH (Che	ck only one)				
JAN: The rrificate h he State [or item	SIC	1 DES 2 NO		HOSPITAL: 1 Inpatient 2 ER/C	Outpatient		THER: Nursing H	ome 5∑Q∰esidence	8 Other (Sp	necify)			
G PHYSICIAN: The set this certificate hi with the State D narked, or Item	Y PHY	27. MANNER OF DEATH AND Natural 5 2 Accident	Pending Investigation	28e. DATE OF INJUI (Month, Day, Yea		26b. TIME O	Υ \	NJURY AT WORK? YES 2 NO	26d. DEŞCRI	BE HOW II	NJURY OCC	JRED	
E HOSPITAL DR ALTENDING PHE FUNERAL DIRECTOR: After the within 72 hours after death wettant. If them 28 is mark	ETED B	a □ a 5/4	Could not be determined	28e. PLACE OF INJU building, stc. (5	URY — At I Specify)	home, ferm, stre	et, factory, of	fice	281. LOCATIO City or To	N (Street a own, State)	and Number o	r Rural Rout	te Number,
RAL DIRE RAL DIRE 72 hours II item	COMPLE	CONSUR OTHY		BICIAN: To the best of my ki									nd menner ee stated.
HOSP Within		298. SIGNATURE AND TITL		2				29c. LICENSE NUM					fonth, Day, Year)
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 P IMPORTANT: If I	TO BE	4011	De	/				OCME				-9-90	
		FRANK PE		HO COMPLETED CAUSE OF , MD	DEATH (IT			Street,Bal	timore	e.MD	2120	1	

PLA LENGTON AGE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Moxley

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

9b. CITY, YOWN OR LOCATION OF DEATH

6. AGE (In yrs. last birthday)

YRS.

71

2. DATE OF DEATH

7. DATE OF BIRTH

(Month, Oay, than)

April 8,1919

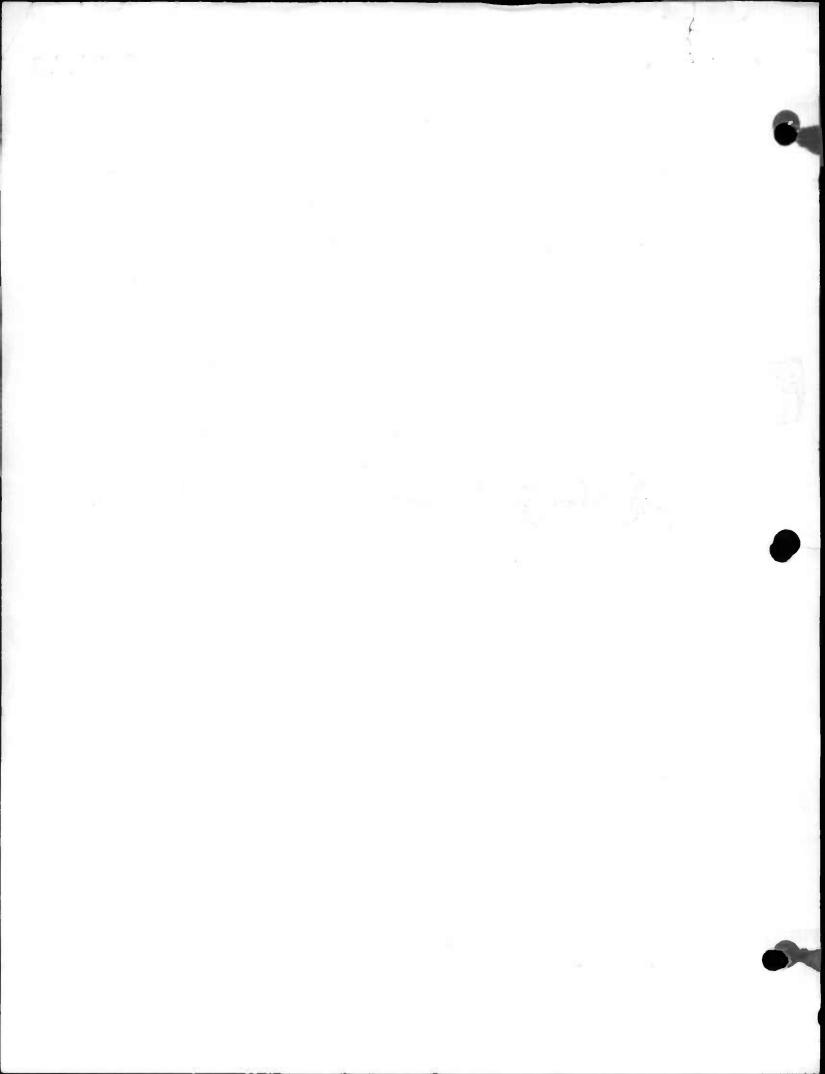
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be re-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 specific	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be nettlined at
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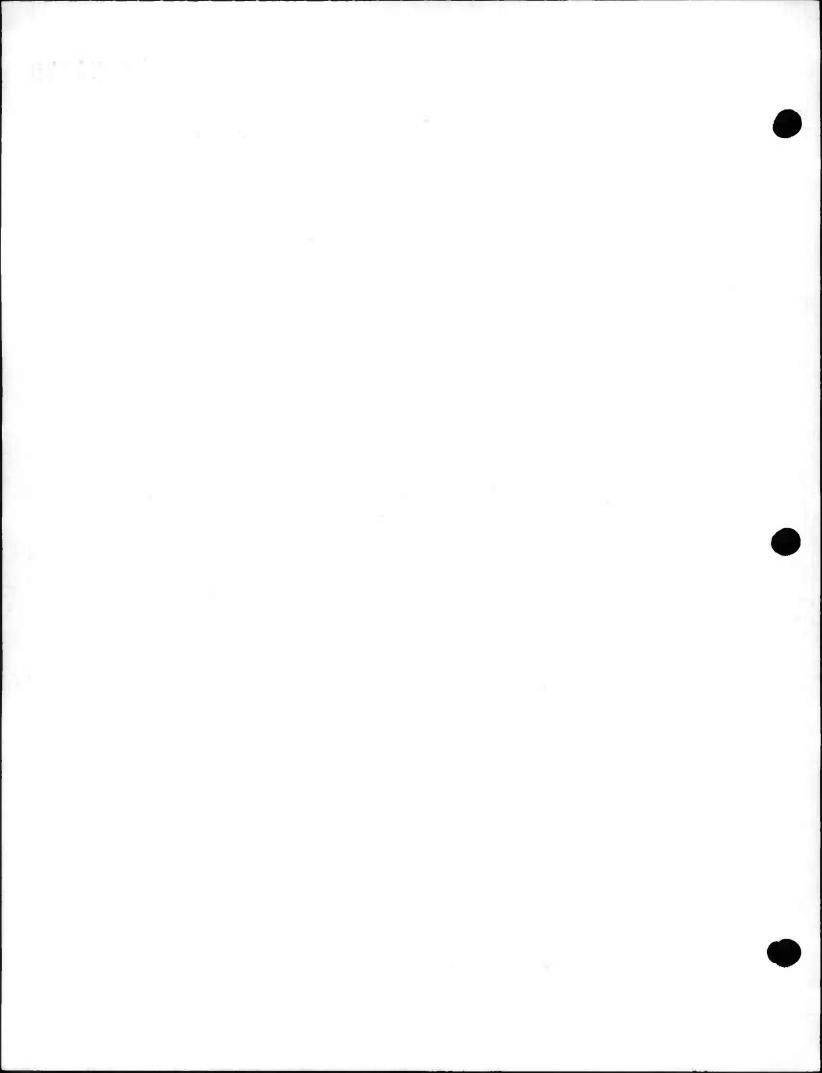
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EVELYN VIOLA MEUSHAW AUG. 7. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Morth, Day, Year) 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OEATH ANNAPOLIS GENERAL HOSPITAL ANNAPOLIS RESIDENCE OF DECEDENT 10b. COUNTY MARYLAND ANNE ARUNDEL CROWNSVILLE	1990 8. 8 903 M	5:00 P.M BIRTHPLACE (State or roreign Country) IARYLAND OF DEATH		
220-14-4781 9a. FACILITY NAME (If not institution, give street and number) ANNAPOLIS GENERAL HOSPITAL BESIDENCE OF DECEDENT 10b. COUNTY MARYLAND ANNE ARUNDEL 10c. CITY, TOWN OR LOCATION CROWNSVILLE	9c. COUNTY	SIRTHPLACE (State or roreign Country) IARYLAND OF DEATH		
220-14-4781 17 M 2 X F 87 YRS. JUNE 9, 19 9a. FACILITY NAME (If not institution, give street and number) ANNAPOLIS GENERAL HOSPITAL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND ANNE ARUNDEL CROWNSVILLE	9c. COUNTY	ARYLAND of DEATH		
ANNAPOLIS GENERAL HOSPITAL RESIDENCE OF DECEDENT 100. STATE 100. CITY, TOWN OR LOCATION MARYLAND ANNE ARUNDEL CROWNSVILLE				
	ANNE	ARUNDEL		
		10d. INSIDE CITY		
		1 YES 2 X NO		
AF II	10g. CITIZEN OF WHAT COUNTRY?			
1151 OAKVIEW DRIVE 21032	U.S.A.			
11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year 14. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year 15. WAS DECENDENT OF HISPANIC ORIGIN?, (Specify Year) 16. WAS DECENDENT OF HISPANIC ORIGIN?, (Specify Year) 17. WAS DECENDENT OF HISPANIC ORIGIN?, (Specify Year) 18. WAS DECENDENT OF HISPANIC ORIGIN?, (Specify Year) 19. WAS DECENDENT OF HISPANIC ORIGIN?, (Specify Year) 19. WAS DECENDENT OF HISPANIC ORIGIN?, (Specify Year) 19. WAS DECENDENT OF HISPANIC ORIGIN?, (Specify Year) 19. WAS DECENDENT OF HISPANIC ORIGIN?, (Specify Year) 19. WAS DECENDENT OF HISPANIC ORIGIN?, (Specify Year) 19. WAS DECENDENT OF HISPANIC ORIGIN?, (Specify Year) 19. WAS DECENDENT OF HISPANIC ORIGIN?, (Specify Year) 19. WAS DECENDENT OF HISPANIC ORIGIN?, (Specify Year) 19. WAS DECENDENT OF HISPANIC ORIGIN?, (Specify Year) 19. WAS DECENDENT OF HISPANIC ORIGIN?, (Specify Year) 19. WAS DECENDENT OR HISPANIC ORIGIN?, (Specify Year) 19. WAS DECENDENT OR HISPANIC ORIGIN?, (Specify Year) 19. WAS DECENDENT OR HISPANIC ORIGIN?, (Specify Year) 19. WAS DECENDENT OR HISPANIC ORIGIN?, (Specify Year) 19. WAS DECENDENT OR HISPANIC ORIGIN?, (Specify Year) 19. WAS DECENDENT OR HISPANIC ORIGIN?, (Specify Year) 19. WAS DECENDENT OR HISPANIC ORIGIN?, (Specify Year) 19. WAS DECENDENT OR HISPANIC ORIGIN?, (Specify Year) 19. WAS DECENDENT OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISP	or No 14.	RACE — American Indian, Black, White, etc.		
IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:		Specify: WHITE		
	SINESS/INDUST			
(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Give kind of work done during most of working life. Do NOT use retired.)				
8 none HOMEMAKER HOME	HOME			
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 none 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18a. MOTHER'S NAME (First, Middle, Maiden	Surname)			
WILLIAM SCHAFER LULU (UI	UNKNOWN)			
198. INCOMMANT S NAME (hypertina)				
GEARL MEUSHAW 1134 OAK VIEW DRIVE CROWNSVII	CATION - City			
1 Dr Burial 2 Cremation 3 Removal from State other place)		NIE, MD.		
21. SIGNATURE OF TUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY				
10/4 1/.1/		NERAL HOME		
1 SECOND AVE. S.W. GLES 22 PART I pole the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapi				
shock, or heart fallure. List only one cause on each lina.	,	Interval Between Onset and Death		
disease or condition				
disease or condition resulting in death) a. Cerebro vascular Accident DUE TO (OR AS A CONSEQUENCE OF):				
Sequentially list conditions, Due to (or as a conspouence of):				
Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSTOURNCE OF):				
cause. Enter UNDERLYING CAUSE Colosese or Injury C. Possible Renal Cell Cancer				
CAUSE (Disease or injury				
LAUSE (Disease or Injury that Initiated events resulting in death) LAST				
that initiated events resulting in death) LAST				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
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PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. I Colon Cancer	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. I Colon Cancer	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. I Colon Cancer	RMED7	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Color Cancer Personal Plead Personal Part II. VES 2	RMED7	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Colon Cancer	NJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Colon Cancer	NJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Colon Cancer	INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Colon Cancer	INJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Rural Route Number,		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer	NJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Rural Route Number,		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer Cancer	NJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Rural Route Number, suse(a) and manner as stated.		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Color Call Cel	NJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Rural Route Number, suse(a) and manner as stated.		



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3	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the funeral director, page 5 should be detached for the funeral director.	De med within 72 hours are dealt with the base dept. Or regulation mental stylene prior to come, commune, or teneral. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at onea.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 feurs after death. Page 6 may be retained by the hospita	2	2 E	

								30 21949
	1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		IENTAL HYGIEN REG. NO.	E	
	1. OECEDENT'S NAME (First, Middle, Last) SALLY	PATTERSON			2. DATE OF DEATH MONTH DAY YEAR 3. TIME		0 1 5 0 MM	
	216-12-8113	1 🗆 M 2 💢 F	yrs. last birthday)	MONTHS DAYS	HOURS MIN.	7, DATE OF BIRTH (Month, Day, Year) 01 - 05 - 0	5 '	BIRTHPLACE (State or Foreign Country)
OR	9a. FACILITY NAME (If not institution, give street and number) COLLINGS WODD		96 CITY, TOWN OR LOCATION OF GEATH ROCKVILLE MD			9c. COUNTY OF DEATH MONTGOMERY		
DIRECTOR	10a. STATE 10b. COUNTY			Y, TOWN OR LOCAT	ION			10d. INSIDE CITY V LIMITS?
	M D 10s. STREET AND NUMBER				ZIP CODE			1 YES 2 NO OF WNAT COUNTRY?
FUNERAL		RSON PK. A			21213			USA
×	11. MARITAL STATUS 1. Nover Married 2 Married 3. Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ecify Cuben, Mexican 2 NO Specify:			RACE — American Indian, Black, White, atc. Specific BLACK
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementery/Secondary (0-12)	ATION completed) College (1-4 or 5+)	(Give kind of v	vork done during mo	ON at of working	16b. KINO OF BUS	SINESS/INOUST	ΉΥ
MPL	Elementery/Secondary (0-12)		JANITO	KIAL	18 MOTHER'S NAM	AE (First, Middle, Maiden	Sumamal	
BE CC	JOHN ADAMS				DOLLY	McCALI	S	
10	GENORTA DAVIS	3	196. MAILING			Oute Number, City or Tow. PKBALT		
1	20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Remove the Donation 5 Other (Specify)	wel from State	other place)	SITION (Name of cer	netery, crematory or EMETERY	20c. LO	CATION — City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE			_	ID ADORESS OF FAC			
	23. PART I. Enter the diseases, or et	Hai	18	WM_C				NORTH AVE.
	immediate cause (Final disease or condition resulting in death)	Ist only one cause on ea	nthe death book inch line.	lled	Dial		ratory arreat	, Approximate interval Between Onset and Death
NO	Sequentially list conditions,	Diabeto	CONSEQUENCE O	ulce	2 with	idays	gang	kene
CAT	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury Due TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	that initiated events resulting in death) LAST	coron	ary	. /	zy ol	iseas	e	
PHYSICIAN: MEDICAL C	PART II. Other significant conditions Hyperte	e contributing to death be	ut not resulting	in the underlyin	g cause given in	Part i. 24e. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Chi	ick only one)		
HYSI	1 TYES 2 THO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	26b. TJN	E OF 28c. IN.	ne 5 🗆 Residence	6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCUR	ED
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year) 28a. PLACE OF INJURY		M 1 🗆	PRK? YES 2 NO	261. LOCATION (Street		Out Court Number
TED	3 Suicide 6 Could not be determined	building, etc. (Spec	ify)	street, factory, orac		City or Town, State)		nurar noute Humber,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.							
BE CC	29b. SIGNATURE AND TITLE OF CONTIFIER 29d. DATE SIGNED (Month, Day, Year)							
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type		EDMO	NSTON	Dr	#504,
	31. DATE FILED (Month, Day, Year)	AKAR, M.D. 50, W. ROCKVILLE, MD. 20852						
	AUG 1 0 1990	Julia Davidson-	- Handoll.					



BALTIMORE, MARYLAND 212

BOX 13146,

P.O.

OF VITAL RECORDS,

DIVISION

DIRECTOR: After the hours after death v

FUNERAL I HOSPITAL

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IMPORTANT:

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29b. SIGNATURE AND THE OF CERTIFIER

31. DATE FILED (Month, Day, Year)

AUG 1 0 1990

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once. Ħ notified 9 must examiner medical he event, traumatic other 10 amy injury. Shows Dept. of P

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) DAY VEAD AUGUST 9. 1990 12:23 A M CYNTHIA PILATO LEE 8. BIRTHPLACE (State or Foreign 4 SOCIAL SECURITY NUMBER 5 SEY 8. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 1 🗌 M 2 📈 F DAYS HOURS 216-62-0929 35 VRS Nov. 23, 1954 Bethesda, Md. 9a. FACILITY NAME (If not institution, give street and number) SHI CITY TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH FREDERICK FREDERICK FREDERICK MEMORIAL HOSPITAL DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY IDC. CITY, TOWN OR LOCATION 10d. INSIDE CITY MONROVIA FREDERICK MD. 1 YES 2 X NO 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 101. ZIP CODE FUNERAL USA 21770 3842 CHAUCER COURT 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYPES 2
IF YES, GIVE WAR OR DATES 2 NO If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 Never Married 2 Married 1 TES 2 NO Specify Specify: BY 3 Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade of Elementary/Secondary (0-12) College (1-4 or 5+) MONT. COUNTY SCHOOLS MEDIA ASSISTANT 12 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) ESTHER. WAKEFIELD ELMER G. BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 EDWARD J. PILATO SAME AS # 10 20s. METHOD OF DISPOSITION
1 🔯 Buriel 2 🗆 Cremation 3 🖾 Removal from State
4 🗆 Donation 5 🗆 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State ALLISON PARK. PA. ALLEGHENY COUNTY MEMORIAL PK. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MURIEL H. BARBER FUNERAL HOME Wid 21525 LAYTONSVILLE RD. LAYTONSVILLE MD. 20882 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata interval Between ahock, or heert feliure. List only one cause on each line. Onset and Death History to hymphony **IMMEDIATE CAUSE (Finei** disease or condition_ resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING **CAUSE** (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 24a. WAS AN AUTOPSY PERFORMED? PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO nt 2 - ER/Outpetient 3 - DOA me 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 284 DESCRIBE HOW INJURY OCCURED INJURY 1/ Natural 5 Pending 1 YES 2 NO BY 2 Accident 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be COMPLETED 4 Homicide determined 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

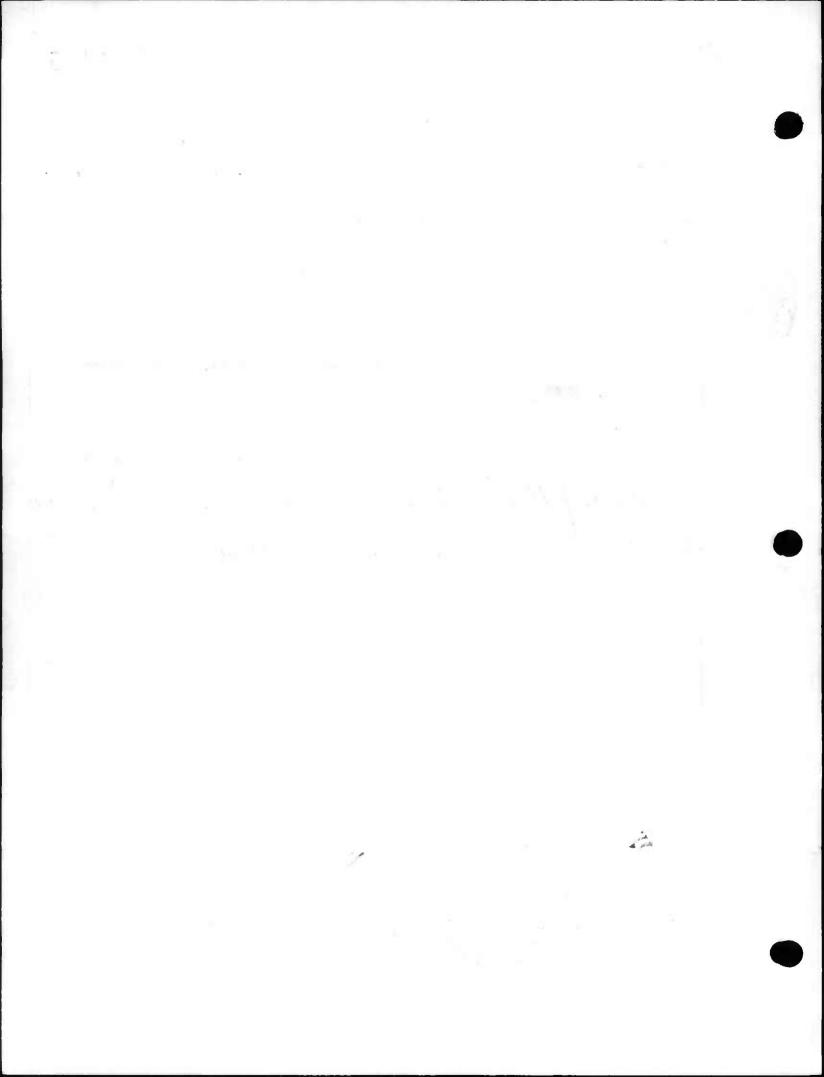
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Philip Shapiro. 814 Tollhouse Avenue, Frederick, Maryland 32. REGISTRAR'S SIGNATURE
Davidson-Randall 4.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-18 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)



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nit, Pages 1, 2, 3 should

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCLENE

•	1 - STATE REGISTRAR	OIIII				F DEATH		REG	NO.				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEA	TH			3. TIME OF DEATH	
İ	WARREN	ELLIS	PERRY					AUGUST	06.	1990	YEAR	02:10 n	м
1		SEX	8. AGE (In yrs. lest birt	thday)	IF UNDER 1 YEA	R IF UNDER 24	MOS.	7 DATE OF BIRT	н		8. BIRTHE	LACE (State or Forei	ign
- 1	265-28-3510	M2 F	64	YRS.	MONTHS DAY	B HOURS I	MIN.	NOV. 29	, 19	25	FLOE		
	9a. FACILITY NAME (If not institution, give street	t and number)			9b. CITY, TOW	N OR LOCATION	OF DEA	TH		c. COUN	TY OF DE		
5	nowth awardal basait	2]			CL EN DI	IDNITE MAD	MI AN	ID.	۸	NINE /	ARI INDE	21	
5	mesidence of decedent	<u>a1</u>		GLEN BURNIE MARYLAND						I VII VII - F	ACL DATE		
DIRECTOR	10a. STATE 10b. COUNTY		10		r, TOWN OR LO							10d. INSIDE CITY LIMITS?	
		ARUNDEL		(LEN BU							1 TYES 2 X N	0
Z.	10e. STREET AND NUMBER					101. ZIP CODE			1			HAT COUNTRY?	
FUNERAL	207 PACKARD AVE.	,				21061					S.A.		
E	11. MARITAL STATUS 1 Never Married 2 Married	FORCES? 1	EVER IN U.S. ARMED)	If yes	specify Cuban, I	Mexican	C ORIGIN? (Spec , Puarto Rican, et		No-	Black	 American Indian White, etc. 	,
BY	3 Widowed 4 Divorced	IF YES, GIVE WA	in or dates 1942 – 1968	2	10	ES 2 NO	Specify:				Specif	WHITE	
	15. DECEDENT'S EDUCA	TION	18a. DECED	ENT'S	USUAL OCCUP	ATION		16b. KIND C	F BUSIN	ESS/IND	USTRY		
	(Specify only highest grade co	mpleted) College (1-4 or 5+)	We Do	NOT us	vork done during se retired.)	most of working							
7	12	n/A		MCN	(E-9)			U.S	6. C	OAST	GUA	RD	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16, MOTHER	R'S NAM	IE (First, Middle, A	laiden Su	mame)			
BE C	PI	ERRY				KAI	CHRY	N	(U)	NKNO	WN)		
10 8	19a. INFORMANT'S NAME (Type/Print)		19b. M	AILING	ADDRESS (Str	et and Number or	Rural A	oute Number, City	or Town,	State, Zip	Code)		
F	AGNES T. PERRY			SÆ	AME AS	10							
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Remove	al from State	other place)			cemetery, cremate					City or To		
	4 Donation 5 Other (Specify)		MARYLA	AND		NS CEMI			CRO	WNSV	TLLE	E, MD.	
	21. SIGNATURE OF FUNERAL SERVICE LICES	ISEE			22. NAM	AND ADDRESS	OF FAC	SING	LETO	N FU	NERA	L HOME	
	Lexpulle	-			1 SI	COND AV	VE.	S.W. GI	LEN	BURN	ΠE,	MD. 2106	51
	23. PART I. Enter the diseases, or co- shock, or heart failure. Li			. Do r	not enter the	mode of dying	3, such	as cardiac or	reapira	tory sm	est,	Approximat	
	IMMEDIATE CAUSE (Final											Onset and	
	disease or condition resulting in death) Due to (or as a consequence of): Congraine Ceast feature												
	DUE TO (OR AS A CONSEQUENCE OF):												
N	Sequentially list conditions, b.	DUE TO	OR AS A CONSEQUE	WC O		Jul 1	7	chun	-				
CERTIFICATION	If any, leading to immediata cause, Enter UNDERLYING	502 10 (ON AS A CONSCOUL	INCE O	r).							į	
윤	CAUSE (Disease or Injury c. that initiated events	DUE TO	OR AS A CONSEQUE	NCE O	F):								
E	reaulting in death) LAST												
MEDICAL	PART II. Other significant conditions			_		ying cause giv	ven in i		AS AN AL		24b.	WERE AUTOPSY FIN AMAILABLE PRIOR TO	0
OG	Chronic obs	F 100	1 disc	au		·		10	YES 2	NO		OF DEATH?	AUSE .
M	Rend	- fai	lune					_				1 TYES 2 N	0
ä	Venhaul	a wy	and the wo	<u> </u>									
PHYSICIAN:		HOSPITAL:			OTHER:	R. PLACE OF OEA	ATH (Che	ick anly one)					
IYS	1 YES 2 -NO	28a, DATE OF	ER/Outpetient 3	DOA		Home 5 Real	dence	6 Other (Speci 28d, DESCRIBE		IIIBV OC	CHEED		
	1 Natural 5 Pending	(Month, De	ly, Year)	IN.	JURY	WORK?	NO.	200. DESCRIBE	now inc	JOHI OC	CONED		
BY	2 Accident Investigation 3 Suicide & Could get be	28e. PLACE O	F INJURY — At home	, farm,				28f. LOCATION	Street and	d Number	or Rural F	Route Number,	
	4 Homicide 6 Could not be	building,	etc. (Specify)					City or Town				1100	
E	29a. CERTIFIER 1 CERTIFYING PHYSIC	AN: To the best of	mu knowledge, death		and at the time	dets and alone a		to the cover(e) o	-4		a d		
COMPLET	(Check only one) 2 MEDICAL EXAMINER											n) and menner as st	ated.
00	29b. SIGNATURE AND TITLE OF CERTIFIER			Α.	W50.01=0	I SOUTH ENGINEERS					20 10 Public		
BE	STATE OF GENTIFIER		d	l	ay m	29c. LICEN	27	624	- {	DAT	SIGNED	(Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, P.								7 / 1		_	01	1 10	_
	BASANT K. KHANDELWAL					EVI DI IDVIT		AAADM AND	2400	14			
	31. DATE FILED (Month, Day, Year)	32 PEGISTRA	IN HIGHWAY.	34	#////	LIA BURIAT	F	MAKTI AND	Z1U6	11			
	MUC11 (01999) 4	Man David	ST- NEW YORK	£									

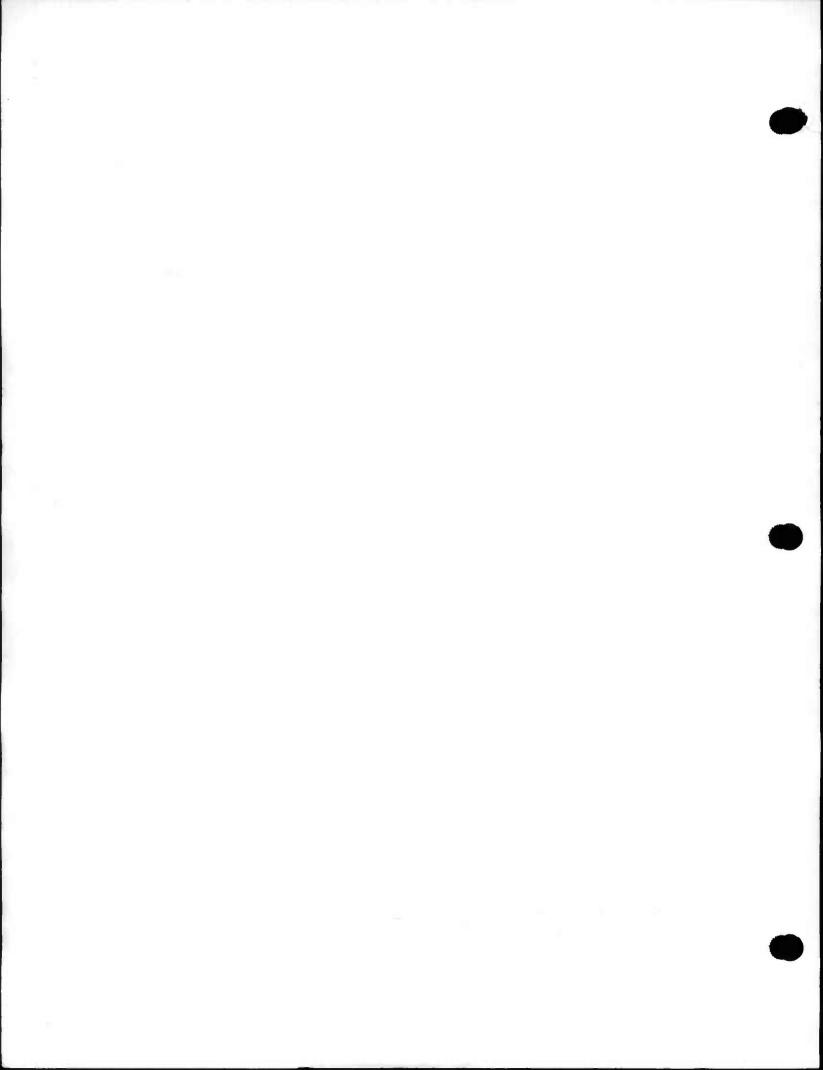
TEMPORE

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	0F	MARYL	AND /	DEPAR	RTMENT	0F	HEALTH	AND	MENTAL	HYG	IENE
			CI	ERTIF	ICATE	0	F DEAT	ГН		REG.	NO.

FOR STATE REGISTRAR	8	STATE OF N	MARYLA	ND / DEPAR					MENTA	REG. NO.			
1. DECEDENT'S NAME (First, M STERLI	201			REDD	JR				MONT	OF DEATH DAY	1990	YEAR	3. TIME OF DEATH 11:00 P M
4. SOCIAL SECURITY NUMBER	5.	SEX		yrs. last birthday)	IF UND	ER 1 YEAR	1	24 HRS.	7. DATE	OF BIRTH	_	BIRTHI Country	PLACE (State or Foreign
245-30-43		☑ M 2 ☐ F	64	YRS.						24-26			. C.
9a. FACILITY NAME (If not insti							OR LOCATIO				9c. COUNT		
MARYLANI RESIDENCE OF DECE		RAL HOS	PITA	4	В	ALT.	IMORE	CLT	Y		BAJ	LTIM	ORE CITY
10a. STATE MD	66. COUNTY				TY, TOWN TIM		CITY	,					10d. INSIDE CITY LIMITS? TO YES 2 NO
10e. STREET AND NUMBER							101. ZIP CODE				10g. CITIZI	EN OF W	HAT COUNTRY?
727 HOMES	TEAD S	STREET	7				2121	8				SA	
11. MARITAL STATUS 1 Never Merried 2 M 3 Nidowed 4 Divorce	arried	WAS DECEDEN FORCES? 1 IF YES, GIVE V Navy	YES	2 3 400	1:	If yes,	ECENDENT O specify Cubar ES 2 2 NO	n, Maxica	n, Puerto	N? (Specify Yea Rican, etc.)	or No—	14. RACE Black Specif	— American Indian, , White, etc. Y: BLACK
	DENT'S EDUCATION			16a. DECEOENT'S	S USUAL	OCCUPA e during	TION most of workin	a	161	. KIND OF BUS	INESS/INDU	STRY	
Elementary/Secondary (0-1 11th Gr	2) C	ollege (1-4 or 5	+)		emp		most of workin			Disab	led		
17. FATHER'S NAME (First, Mich	die, Last)						18. MOTH	IER'S NA	ME (First,	Middle, Maiden	Sumame)		
STERLING		REL	D SE		Comments.	DE17114		F.T. 7			COR		
19a. INFORMANT'S NAME (Typ	,	REDD								/ D / T /T			D 21218
20a. METHOD OF DISPOSITIO	N		20b.	PLACE OF DISPO							CATION — C		
4 Donation 5 C Other (5	Specify)	100 me	_ 1	ID, NA			M. PK			TAU	REL,	MD	
21. SIGNATURE OF FUNERAL	SERVICE LICENS	SEE/			2	2. NAME	AND ADDRES	S OF FA	CILITY				
1/	- curf	+		1		PM.	C.MAR	CH	F , H	. 110	1 E.	NO.	RTH AVE
23. PART I. Enter the disahock, or hei IMMEDIATE CAUSE (Fina disease or condition resulting in death)	art fallure. List i	only one car	ATIC (MA C								Approximate interval Between Onset and Death
Sequentially list condition if amy, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or Injurthat initiated events resulting in death) LAST	G c			CONSEQUENCE	•								
PART II. Other algolficen	t conditions c	ontributing to	death bu	it not resulting	in the	underiv	ing cause (alven in	Part i.	24a, WAS AN	AUTOPSY	24h	. WERE AUTOPSY FINDINGS
									_	PERFOR			AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO						26.	PLACE OF D	EATH (C	heck only o	one)			
EXAMINER? 1 ☐ YES 2 🛣 NO	H 1	OSPITAL:	☐ ER/Outpi	itlent 3 DOA	OTH 4 🗆 N		iome 5 🗆 Re	esidence	8 🗆 Oth	er (Specify)			
27. MANNER OF DEATH 1 X Natural 5 F		26a. DATE O		28b, T	IME OF NJURY		INJURY AT WORK?	NO	28d, DE	SCRIBE HOW I	NJURY OCC	URED	
3 Sulcide 6 0	could not be		OF INJURY	— Al home, farm	, street, 1	actory, o	ffice			CATION (Street y or Town, State)		or Rural I	Route Number,
CONTROL ONLY	FYING PHYSICIA												a) and manner as atated.
29b. SIGNATURE AND TITLE	OF CERTIFIER						29c. LIC	ENSE NU	IMBER		29d. DATE	BIGNEC	(Month, Day, Year)
30. NAME AND ADDRESS OF			USE OF DEA	ATH (ITEM 27) (7)	pe, Print)			N/A			•	8/	8/1990
Wissam Cha				MARYLA		SENE	RAL HO	SPI	TAL				
31. DATE FILED (Month, Day,)	bar) L.C.	32 REGISTR	AR THEN	22									



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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTIF	ICATE	OF DEATH	RE	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) RYGE	Ann Elizab	eth Ruge			2. DATE OF D	DAY	90	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 220 30 1382	5. SEX 6. AG	E (In yrs. last birthday) 98 YRS.	IF UNDER 1 YE MONTHS DA		7. DATE OF BI (Month, Day, 9-28-	Year)	8.	Country)	LACE (State or Foreign yland	
	9a. FACILITY NAME (If not institution, give s	street and number)		9b. CITY, TO	WN OR LOCATION OF DI		-	9c. COUNTY	TY OF DEATH		
FUNERAL DIRECTOR	Meridian Nur	sing Center		Bal	timore			Anne	Aru	ndel	
<u> </u>	10a. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR L	OCATION					10d. INSIDE CITY LIMITS?	
5	Maryland Ann	e Arundel	Ba	Baltimore					1 YES 2 💢		
4	10e. STREET AND NUMBER				10t. ZIP CODE		1	10g. CITIZE	N OF WH	AT COUNTRY?	
	613 Hammon				21225			U.S	5.A.		
7	11. MARITAL STATUS Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE	S 2 NO	If you	DECENDENT OF HISPAI s, specify Cuban, Mexica	n, Puerto Rican		r No- 14	I. RACE - Black,	- American Indian, White, etc.	
2	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	10	YES 2 X NO Specif)y:			Specify	White	
1	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S (Give kind of the Do NOT to	USUAL OCCUI	PATION g most of working	16b. KINI	OF BUSIN	IESS/INDUS	STRY		
COMPLE	12th Grade	College (1-4 or 5+)	Nurs			I	lospi	tal			
5	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA						
SE C	Robert J	. Ruge			Fra	nces So	chriv	er		P.	
0	19a. INFORMANT'S NAME (Type/Print)				eet and Number or Rural						
=	Mary K. Schaef	fer	233 (andle	night Lane	Glen I	Burni	e, Ma	aryl	and 21061	
	20a. METHOD OF DISPOSITION 1) Burial 2 Cremation 3 Rem		other place)		of cemetery, crematory or			TION — CI			
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			S Cemetery		Fro	stbur	rg.	Maryland	
	· C.la	id CC	ovis	Ge	orge J. Go	nce Fur					
\dashv	23. PART i. Enter the diseasee, Dr				O1 Ritchie					Approximate	
		List only one cause on	each line.					,		Interval Between Onset and Death	
	disease or condition resulting in deeth)	· CARD,	IAC 1	ARR	ESI						
	,	DUE TO (OR A	S A CONSEQUENCE O								
5	Sequentielly list conditions,	· ASCVD	S A CONSEQUENCE O								
4	if sny, leeding to immediate cause. Enter UNDERLYING	DOE TO (OH A	S A CONSEQUENCE O	r):						į į	
HILICATION	CAUSE (Disease or injury thet initiated events	C. DUE TO (OR A	S A CONSEQUENCE O	F):							
	resulting in deeth) LAST	d									
5	PART ii. Other significent condition	ns contributing to deet	but not resulting	in the under	iving cause given in	Part i. 24a	. WAS AN AL	JTOPSY	24b.	WERE AUTOPSY FINDINGS	
CAL	DEMENTIA						PERFORM	ED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
и II	DRAANIC	BRAI	N SYN	DRON	LE.	_ ' _	YES 2	S NO		OF DEATH? 1 YES 2 NO	
Σ						_					
HYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				S. PLACE DF DEATH (C)	neck only one)					
2	1 YES 2 NO	HOSPITAL: 1 Inputient 2 ER/O	utpatient 3 🗆 DOA	OTHER: Nursing	Home 5 - Realdence	8 Other (Spe	ecify)				
7	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJUF (Month, Day, Yea		JURY	WORK?	28d. DESCRIE	E HOW INJ	URY OCCU	RED		
à	2 Accident Investigation	28e PLACE OF INJI	JRY — At home, farm,		YES 2 NO	281. LOCATION	M (Street and	d Number or	e Brand Br	ude Mireher	
E	3 Suicide 6 Could not be determined	building, etc. (S		arreat, ractory,	onice	City or Tox		3 Number Of	rioreit rio	out Humber,	
4	29a. CERTIFIER Check only	ICIAN: To the beat of my kn	owiedge, death occur	ed at the time,	date and place, and due	to the cause(a)	and manne	er an stated	1.		
COMPLET	One)	ER: On the beals of examine	ition and/or Investigation	on, In my opini	on, death occured at the	time, date and	place, and	due to the	cause(a)	and menner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIE	2.50			29c. LICENSE NU	MBER		29d. DATE	SIGNED	(Month, Day, Year)	
O BE		1) Luina	uni, M.	9	DIT	75,3		▶ 8	3.9	.90	
-	30. NAME AND ADDRESS OF PERSON WI		DEATH (ITEM 27) (Type	CHUR	CH ST.	BALTI	MO	REA	no	21225.	
	31. DATE FILED (Month, Day, Year)	Ma Dairido A-1	ayoure.								
	HART A 1930 9.										

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mit. Pages 1, 2, 3 should

5	VE	i	/	
BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 safer death. Page 6 may be retained by the hospital or attending pro-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	1	
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2	hos	tache		C.C.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	AL C	AL D	72 hc	Ē
	LI dS	NER	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT; if flom 28 is marked, or item 23 shows any injury, or other traumant event, the means attended at once.
	E HC	E FU	M P	¥
	H C	HT C	e file	MP
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	1 - STATE REGISTRAR	SIAIL OF MAI	CE				DEATH	MICH		G. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)							2. 0	DATE OF DE	ATH DAY	•	YEAR	3. TH	ME DF	DEATH	
	EDITH VIRGINIA	ROEDER						Ő			1990		1:	45	Р	M
	4. SOCIAL SECURITY NUMBER 232-09-9770	1.01	AGE (In yrs. les	t birthday) YRS.	IF UNDER 1		IF UNDER 24 HRS	- /	Month, Day,	Year)	919	a. BIRTH Count	ST		or Foreign	_
DINESTON	9e. FACILITY NAME (If not institution, give a G.B.M.C6701 N.	, , , , , , , , , , , , , , , , , , , ,	TRFFT				RE, MD		204	F		NTY OF C	EATH			
	RESIDENCE OF DECEDENT		T Cha ha						204)//L I	THON	RE COUNTY			
	MARYLAND BALTI	MORE CITY			r, town of TIMOR		ON						10d. INSIDE CITY LIMITS? 1X YES 2 NO			
	10e. STREET AND NUMBER					10f.	ZIP CODE				10g. CIT	IZEN OF	WHAT (COUNTR	177	
	557 E. 38TH STRE	ET_				212	218					U.	S.	Α.		
	11. MARITAL STATUS 1 Never Married 2 Married 3 N Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES Z	MED 10	14		Ify Cuban, Mex	Ican, Pu						merican la, atc.	Indien,	
	15. DECEDENT'S EDU (Specify only highest grade		16a. DE	CEDENT'S	USUAL OC	CUPATION	of working		16b. KIND	OF BUSI	NESS/INI	DUSTRY				
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	illo.	ive kind of v Do NOT us	e retired.)	army irros	or working									
ı	12		CA	SHI	ER					ORE						
ı	17. FATHER'S NAME (First, Middle, Lest) WILLIAM HOD	MER WIL					18. MOTHER'S LULA	MA]	E	(GRIM					
	190. INFORMANT'S NAME (Type/Print) VIRGINIA MAE I	HERBERT					MMIT S						20	724	1	
ı	20a. METHOD OF DISPOSITION Burlal 2 Cremation 3 Rem 4 Donalion 6 Other (Specify)	noval from State	20b. PLACE other pl				otery, crematory D MEM		ARK			City or To			212	234
I	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Λ		22. N	AME AN	ADDRESS OF	FACILIT	Y 49	05 '	YORI	K RC)AD	21	1213	_
J	111.0634	P. P.	()	2	Н	. W.	JENKI	NS I								-
1	23. PART I. Enter the diseases, or	complications that ca	used the p	ath. Do r									Ī	_	ximate	
I	shock, or heart failure. IMMEDIATE CAUSE (Finel	List only one cause	on each line	9									i		al Betw	
	disease or condition resulting in death)	a. RESPIRA	RESPIRATORY ARREST DUE TO (OR AS A CONSEQUENCE OF):								1	MME	DIA	ΓΕ		
ı	METASTATIC LUNG CANCER												Ì	1/9	0-PF	RES
	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING												1	.,, .,		
	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OF	AS A CONSE	OUENCE O	F):											
	PART II. Other algolificant condition	na contributing to da	ath but not	resulting	In the un	dariying	ceuse given	In Part		WAS AN A		24			SY FINDII	vGS
										PERFORM			COM	LABLE PI PLETION LEATH?	DF CAUS	E
														YES 2	□ ND	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL			OTHER		ACE OF DEATH	(Check o	only one)							
	1 TES 2 AND	HOSPITAL:	P/Outpatient	3 □ DOA	OTHER 4 Num		5 🗆 Residen	ce 6 🗆	Other (Spe	clfy)						
	27. MANNER OF DEATH 1 Metural 5 Pending Investigation	26a. DATE OF IN. (Month, Day,		28b. TIN	IE OF JURY M	26c. INJU WOI 1 Y		280	d. DESCRIBI	E HOW IN	JURY O	CURED				
2 Accident investigation 3 Suicide 6 Could not be datermined 28s. PLACE DF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE DF INJURY — At home, farm, street, factory, office City or Rown, State)										Route	Vumber,					
	29e, CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a).											(a) and	manne	as state	d.	
	294 SIGNATURE AND TITLE OF CERTIFIE					T	29c. LICENSE					TE SIGNE			Year)	
	4/ /	9 _	.1	->	Λ.	ŀ	172/	4-	75		• (7/0	7	7	20	
	30. HAME AND ADDRESS OF PERSON W	HD COMPLETEO CAUSE	OF DEATH (ITE	M 27) (Type	, Print)		100	- (_	06	-	_	, 0	
				-												
	31. DATE FILED (Month, Day, Year)	July 32 Mar 1720	Spharolas	6				-;					-			
1	11104 0 1000	guya han land	-	1-4												

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1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

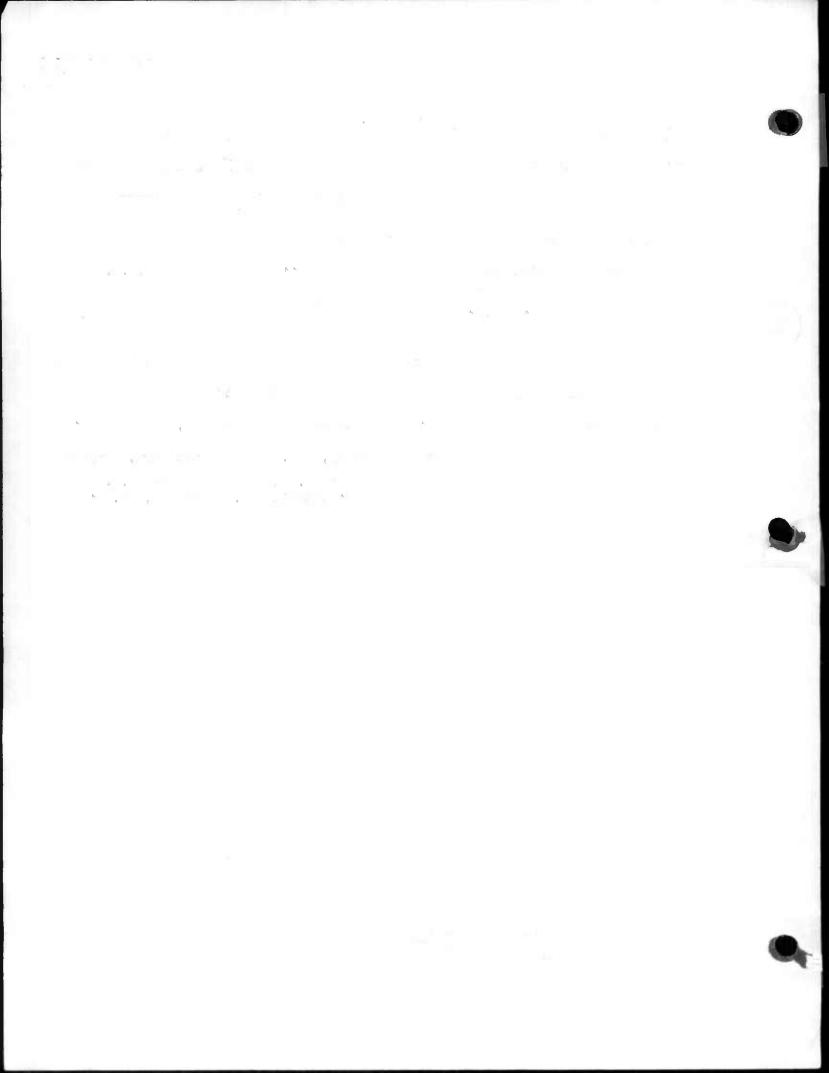
	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) EMORY SAGH	Emory	J. Saghy	2. DATE OF DEATH	YEAR	3. TIME OF DEATH
	TE / / V / IF			08	0690	3.00 pm
	216162758 1×1120F		UNDER 1 YEAR IF UNDER 24 HRS, ITHS DAYS HOURS MIN.	7. DATE OF BRITTH (Month, Cay, Year)	6. BIF	otherace (State or Foreign Intry) Maryland
DIRECTOR	9e. FACILITY NAME (If not institution, give street and number) PERCY Medical Cantle FIRSIDENCE OF DECEDENT		Baltimore 0	ity	9c. COUNTY OF	
EC	10e. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCATION			10d. INSIDE CITY
PHO	Maryland Anne Arundel	Pas	sadena			LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER Water Oak Point Road		10f. ZIP CODE 21 1 22		10g. CITIZEN O	A.
5	11. MARITAL STATUS 12. WAS DECEDENT EVE FORCES? 1 X YI	R IN U.S. ARMED	13. WAS DECENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No- 14. R/	ACE — American Indien, ack, White, etc.
B⊀	1 Never Married 2 Married IF YES, GIVE WAR OF 1948 — 1	DATES	If yes, specify Cuben, Mexica 1 ☐ YES 2 📆 NO Specify			White
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed)	18e. DECEDENT'S USE	IAL OCCUPATION done during most of working	16b. KIND OF BUS	SINESS/INDUSTRY	,
	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use re	tired.)			
MP	9th Grade	Machini				ng Company
	17. FATHER'S NAME (First, Middle, Last)			ME (First, Middle, Maiden	Surname)	
BE	Louis Saghy			e Kokron		
5	10a. INFORMANT'S NAME (Type/Print) Mary Saghy	10 A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A.	praithorn Road			and 21220
	20e. METHOO OF DISPOSITION		ON (Name of cemetery, cremetory or		CATION — City or	
	1 □ Buriel 2 🕅 Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify)	other place)	ematory, Inc.			Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FA	CILITY		
	Meorge Hone	_	George J. Gor 4001 Ritchie			
	23. PART I. Enter the diseases or complications that cau	sed the death. Do not				Approximate
	shock, or heert failure. List only one cause of		9			Interval Between Onset and Death
	disease or condition resulting in death)	rovascu	Par Accia	lent-		
	DUE TO (OR A	S A CONSEQUENCE OF):				
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate	S A CONSEQUENCE OF:	·			<u> </u>
CAT	cause. Enter UNDERLYING	PD				
Ĕ	triat fillitiated events	S A CONSEQUENCE OF):				
E	resulting in death) LAST					
	PART II. Other eignificent conditions contributing to deat	h but not resulting in t	he underlying ceuse given in	Part I. 24s. WAS AN	AUTOPSY 2	24b. WERE AUTOPSY FINDINGS
EDICAL		•		PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
				1 🗆 YES 2	NO	OF DEATH?
Σ						1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Ch	eck only one)		
Sic	EXAMINER?		THER: Nursing Home 5 Residence			
H	27. MANNER OF DEATH 28s. DATE OF INJUI	RY 28b. TIME O	F 28c. INJURY AT	28d. DESCRIBE HOW I	NJURY OCCURED	
	1 Netural 5 Pending (Month, Day, Yes	INJURY	WORK? M 1 □ YES 2 □ NO			
) BY	A POUROTH	JRY — At home, farm, street	it, factory, office	28f. LOCATION (Street	and Number or Rur	al Route Number,
三	4 Homicide determined	specify)		City or Town, State)		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my king one) 2 MEDICAL EXAMINER: On the basic of examine					so(a) and manner as stated
		viceouganon, I				
H	296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUI		29d. DATE SIGN	IED (Month, Day, Year)
2	30. NAME AND APPRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH WITH AT CO.	1 /es / an	N	001	06/90
.	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	VEATH (ITEM 27) (Type, Pri	St. Paul Pla			
- 1						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for field within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 2 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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AUG 1 0 1990



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	OIMIL OF I	C		CATE C	F DEATH	III LIVE	REG. NO.			
1. DECEDENT'S NAME (First, Middle, La	nt)					2. DATE O	OF DEATH	NA .	YEAR 3	. TIME OF DEATH
	Larry	Christ		S ⁻	troud		6-90	"	11.75	11:10AM M
4. SOCIAL SECURITY NUMBER 534-52-5294	8. SEX	6. AGE (In yrs. I		FUNDER 1 YE.		7. DATE O	76741	949	SES	ACE (State or Foreign ttle Wash
9a. FACILITY NAME (If not institution, gi 16401 Shady Gr	ove Road			9b. CITY, TO	WN OR LOCATION OF D	EATH			tgome:	ry County
RESIDENCE OF DECEDENT 10e. STATE 10b. COL	NTV		100 CITY	TOWN OR LO	CATION				1.	od. INSIDE CITY
Texas			iou oiri,		ston				1	LIMITS?
5423 Leopold					77021				US	AT COUNTRY? A
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		NT EVER IN U.S. A VES 2 MAR OR DATES	ARMED NO	If yes	DECENDENT OF HISPA s, specify Cuban, Maxic YES 2 NO Speci	an, Puarto R		or No—	Black, Specify:	- American Indian, White, etc. Black
15. DECEDENT'S I (Specify only highest g	DUCATION	18a. C	DECEDENT'S U	SUAL OCCU	PATION g most of working	18b.	KIND OF BUS	SINESS/IND		2240
Elementary/Secondary (0-12)	College (1-4 or 5	+) "	He. Do NOT use	ruck	Driver		T:	ruck	ing	
17. FATHER'S NAME (First, Middle, Last) Luther Str	oud oud				18. MOTHER'S N	AME First M	SMIC	h ^{Sumame)}		-
19a. INFORMANT'S NAME (Type/Print)		1	19b. MAILING A	DORESS (Str	eet and Number or Rural	I Route Numb	er City or Tow	n State Zin	Code)	
Brenda J Str	Cud						on T			21
20g METHOD OF DISPOSITION 14 Burlel 2 Cremetton 3 F		20b. PLAC	E OF DISPOSI		of cemetery, cremetory or				City or Tow	
1 ☑ Buriel 2 ☐ Cremetion 3 ☐ F 4 ☐ Donation 8 ☐ Other (Specify)	amoval from State	other	HO3	iston	Nationa	al Ce				exas
21. SIGNATURE OF FUNERAL SERVICE	VCENSEE	ð	110		E AND ADDRESS OF F			-		s St
+ 7/aural	G C	A way	2	Ja	mes Mort	ton F				
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other significant condi	tions contributing to	death but no	t resulting in	tha under	lying cause given in	n Part I.	24a. WAS AN			WERE AUTOPSY FINDINGS
						_	XXXXXES :			COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:			OTHER:	6. PLACE OF OEATH (C	Check only on	0)			
XXXXES 2 NO	1 🗆 Inpetient 2		3 DOA	4 - Nursing	Home 8 - Residence				truc	k
27. MANNER OF DEATH 1 Natural 8 Pending Investigat		F INJURY Day, Year)	28b. TIME INJU	JRY	WORK?	28d. DES	CRIBE HOW	INJURY OC	CURED	
2 Accident 3 Suicide 4 Homicide 28a. PLACE OF INJURY — At home, farm, street, factory, office 4 Homicide 28a. PLACE OF INJURY — At home, farm, street, factory, office 28b. PLACE OF INJURY — At home, farm, street, factory, office 28b. PLACE OF INJURY — At home, farm, street, factory, office 28c. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated										oute Number,
COTRECT CITY	HYSICIAN: To the best of									and manner as stated.
290. SIGNATUSE AND TITLE OF COST					29c. LICENSE N	UMBER			8-7-9	Month, Day, Year)
FRANK PERETTI,	WHO COMPLETED CA	USE OF DEATH (I			treet,Bal	timore	e,MD 2	21201		
31. DATE FILED (Month, Day, Year)	grina David	AR'S SHUMTURE	.02							
AUG 1 0 1990	grand prints	Main Alaila								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within \$200.000 after death. Page 5 should be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the builartransit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ITEMS : 23, 27, DET ME G=6.72, 27, 17, 91. CM BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a sher death. Page 6 may be retained by the attending physician and completibly, for in by the funeral director, page 5 should be detached to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. crematuri, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	BALTIMORE, MARYLAND	after death. Page 6 may be retained by the hos	y the funeral director, page 5 should be detachenoval.	cal examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146, OTHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with DTHE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and complete effect within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. crems MPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event,			thy so in b	the medi
D D 0 3	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely find within 22 hours after death with the State Dent, of Health and Mental Hotlene prior to burial, crematum	PORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the

_	1 - STATE REGISTRAR			MARYLAND / [CEI		CATE				REG.				
	1. OECEOENT'S NAME (Fit	st, Middle, Last)								2. DATE OF OEAT	H	YEAR	3. TIME OF DEATH A.	
	ISAAC		(NMN)			THOM	AS_			AUG.	-	990	10:35 ^M	
1	4. SOCIAL SECURITY NUI		5. SEX	6. AGE (In yrs. last b	birthday)	IF UNDER	1 YEAR	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Yea		8. BIRT	HPLACE (State or Foreign	
	179-10-55	27	1/XM 2 □ F	84	YRS.	MONTHS.	DATE	HUUHS	tories.		1906		NNSYLVANIA	
	9e. FACILITY NAME (If not	institution, give e	treet end number)			9b. CITY,	TOWN (OR LOCATI	ON CT T	- 140	TEATU			
FUNERAL DIRECTOR	BON SECOU		PITAL			B	ALT]	MORE	CI	ГҮ	В	ALTIN	ORE CITY	
2	10a. STATE	10b. COUNTY	Υ		10c. CIT	Y, TOWN O	R LOCAT	TION					10d. INSIDE CITY	
품	MARYLAND	ANNE	ARUNDEL		GI.	EN B	IIRNI	F					LIMITS?	
7	10s. STREET AND NUMBE	R				21. 2		ZIP COD	E		10g. CI	TIZEN OF	WHAT COUNTRY?	
ER	1718 PLE	ASANTVI	LLE DR.					2106	1			U.S.	Δ	
5	11. MARITAL STATUS			T EVER IN U.S. ARM		13. \	MAS OEC	ENOENT (OF HISPA	NIC ORIGIN? (Specif	Yee or No-	14. RAC	E — American Indian,	
BY F	1 Never Merried 2		IF YES, GIVE Y	NAR OR DATES		1		2 X NO		en, Puerto Ricen, atc. ly:)	Spec	ok, White, atc.	
	3 Widowed 4 Di			WAR II &	KOR	EAN							WHILE	
Ē		ECEDENT'S EDU only highest grade		16a. DECI	EOENT'S	USUAL OC work done one retired.)	CUPATIO	ON est of worki	ng	16b. KINO OF	BUSINESS/IP	IOUSTRY		
F	Elementary/Secondary	(0-12)	College (1-4 or 5	+)										
COMPLETED	8 th	Middle Leet)	NONE	ISHII	PPIN	G &]	RECE			ERK CON				
								2000		ERINE CAR				
BE	ISAAC T	HOMAS (Type/Print)		106	MAHING	AAADEGG	(Street o			Route Number, City or		(in Code)		
2			IOMAS										AD 21061	
	MRS. SUSIE C. THOMAS 1718 PLEASANTVILLE DR. GLEN BURNIE, MD. 21061 200_METHOD OF DISPOSITION 200_ PLACE OF DISPOSITION (Name of commetary, cremetary) or 200_ LOCATION — City or Town, State													
	1 Nouriel 2 Crema 4 Donation 5 Oth	tion 3 Li Rem	oval from State	MARYLA	AND	VETE	RANS	S CEM	ETE	RY			LLE, MD.	
	21. SIGNATURE OF FUNE		CENSEE	,				ND ADORE		CILITY				
	> 98 ×	Yenrel	The	kin		1	SEC	COND	AVE				RAL HOME MD. 21061	
	23. PART I. Enter the	diseeses, or	complications the	at caused the deal	th. Do i	not enter							Approximats	
	IMMEDIATE CAUSE (Fine)												Interval Between Onset and Death	
	disease or condition													
	resulting in death)	,		OR AS A CONSECU		F):	-			100/00/			-	
z			. Chi	rome	5	DI	al	1 , 4	La	leeve				
2	Sequentlelly list cond if any, leading to imm		D	OR AS A CONSECU	JENCE O	F):	0							
S	cause. Enter UNDERL CAUSE (Disease or in	YING	c	errure										
E	that initieted events		OUE TO	OR AS A CONSEQU	JENCE O	F):								
CERTIFICATION	resulting in death) LA	IST	d	0/32										
IL C	PART II. Other signifi	cent condition	ne contributing to	death but not re	suiting	in the un	derivin	a ceuse	given in	Part i. 24s. WV	S AN AUTOPS	7 24	b. WERE AUTOPSY FINDINGS	
			CV				,			PEI	RFORMEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ED										1 □ YE	S 2 NO		OF DEATH?	
2								_					1 YES 2 NO	
AN	25. WAS CASE REFERRED	TO MEDICAL					26. PI	LACE OF D	DEATH (C	heck only one)				
PHYSICIAN: MEDICA	EXAMINER?		HOSPITAL:	☐ ER/Outpetient 3 ☐	1004	OTHER	3:			6 Other (Specify)				
HX	27. MANNER OF DEATH		26e, DATE O	F INJURY	26b. TIN	E OF	20c. IN.	JURY AT	esidelice	28d. DESCRIBE H		CCURED		
		Pending	(Month, i	Day, Year)	IN.	JURY		ORK? YES 2 [NO					
2 Accident Investigation Investigation 28e. PLACE OF INJURY — All home, farm, street, factory, office 28f.									26f. LOCATION (St		er or Rural	Route Number,		
	4 Homicide determined building, etc. (Specify)													
쁘	29a, CERTIFIER	RTIFYING PHYS	ICIAN: To the heat o	d my knowledge deal	th accura	nd at the t	ine date	and place	and do	to the country on		and and		
LETE		into rnto	TOTALL TO THE DEST O	of my knowledge, deat										
MPLETE	(Check only	EOICAL EXAMINE	ER: On the basis of	examination end/or in	vesticatic	on. In my o					Ime, date and place, and due to the cause(e) and manner as stated			
COMPLETED	(Check only one) 2 . MI		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	examination end/or in	vestigatio	on, in my o	pinion, o	_						
BE COMPLETE	(Check only		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	examination end/or in	vestigatio	on, in my o	pinion, d	_	ENSE NU	MBER			(e) and manner as stated. O (Month, Day, Year)	

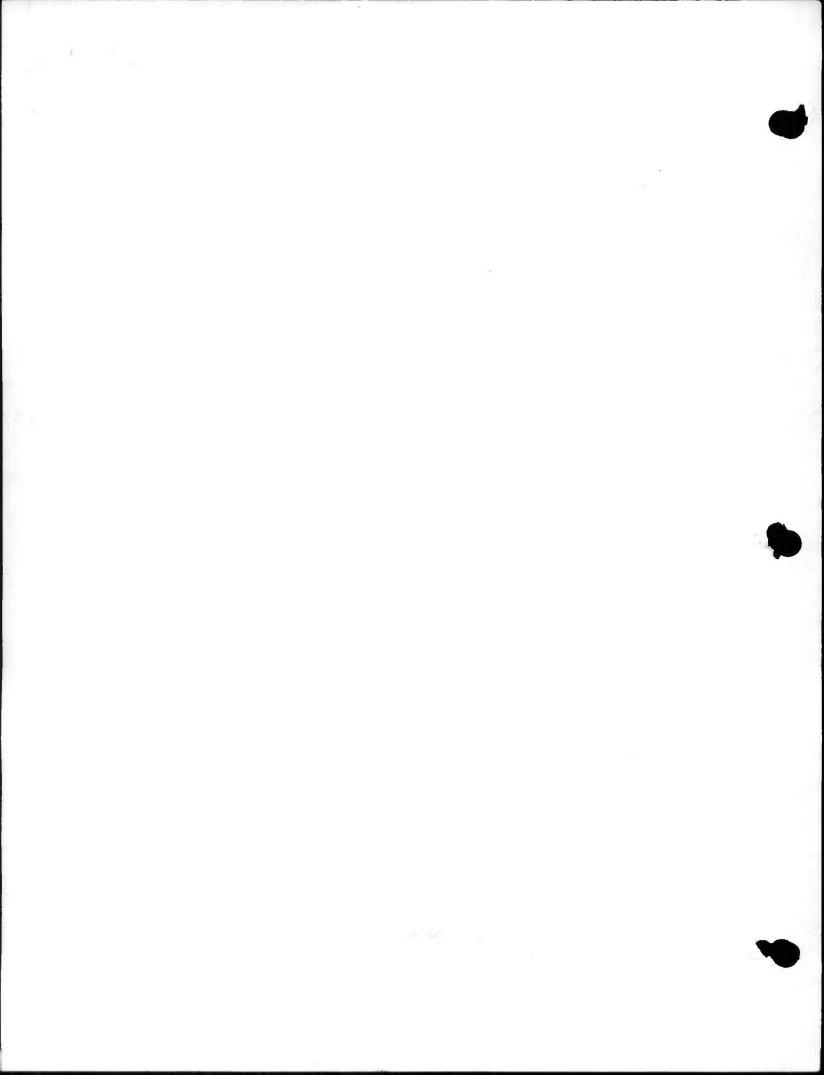
Dr. George T. C 31. DATE FILEO (Morith, Day, Year) AUG 1 0 1990

Imore - 1717 York R

Lutherville,

1more

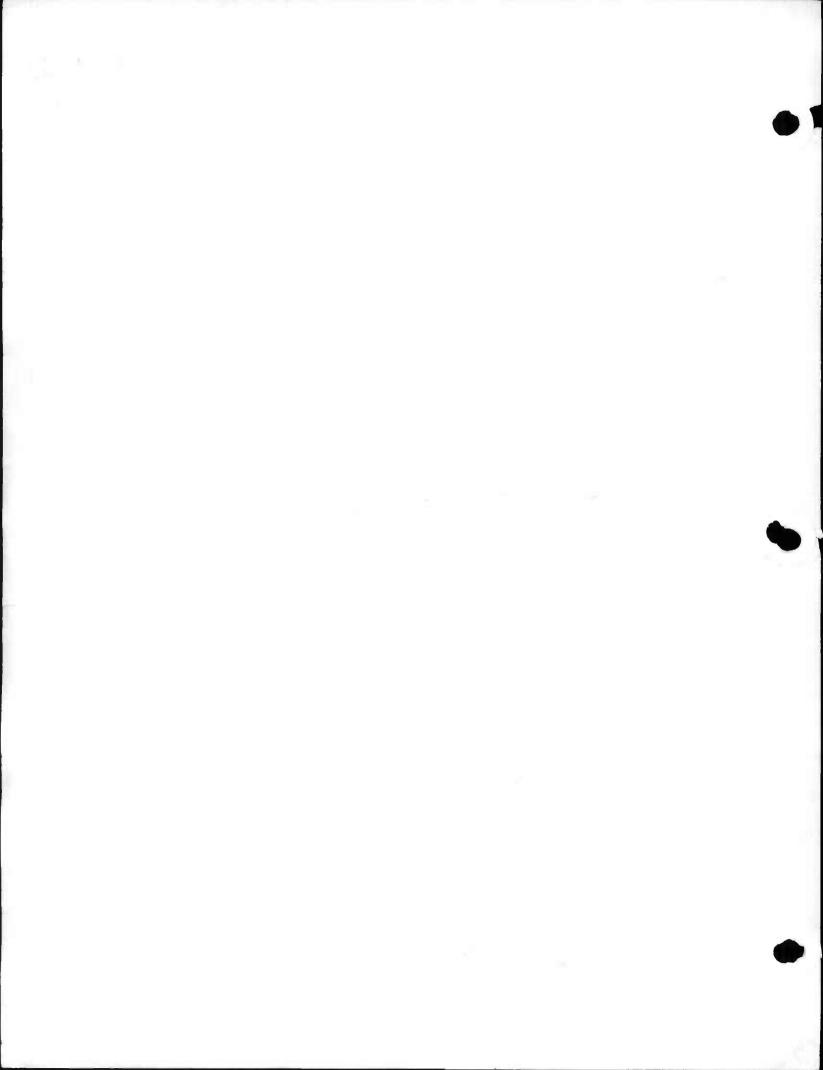
	FOR	ATTER OF MADRIE AND ALL				_	20 6130
	1 - STATE REGISTRAR	STATE OF MARYLAND / I	DEPARTMENT O RTIFICATE (F HEALTH AND N OF DEATH	MENTAL HYGIEN REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF DEATH DA		27.4
	4. SOCIAL SECURITY NUMBER 5	Henry K. Urffe	birthday) IF UNDER 1 YE		7. DATE OF BIRTN (Month, Day, Year)	8 9	O 3 20 A MIRTNPLACE (State or Foreign Country)
	201-10-2663 9a. FACILITY NAME (If not institution, give stree	₩2°F 80	YRS. MONTHS DA		1/20/10		
œ			9b. CITY, TO	VN OR LOCATION OF DE	ATN 1/20/13	Sc. COUNTY	OF OEATH
5	204 Fast Johna Ro	<u></u>		owson		B	alto.
DIRECTOR	Maryland Balto	o	TOWSON				16d. INSIDE CITY LIMITS? 1 ☐ YES 2 🏝 NO
FUNERAL	100. STREET AND NUMBER 204 East Joppa	Rd.		101. ZIP CODE 21204		10g. CITIZEN	of what country?
BY FUN		2. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES) If ye	OECENDENT OF NISPAN I, specify Cuban, Maxica YES 2 NO Specify	n, Puarto Rican, atc.)	1	RACE — American Indian, Black, White, atc. Specify:
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co- Elementary/Secondary (9-12)	mpleted) (Give	EDENT'S USUAL OCCU e kind of work done durin Do NOT use retired.)		16b. KIND OF BUI	I SINESS/INDUST	White
MP	17. FATHER'S NAME (First, Milkin, Land)	5 Arc	hitect Dr	-	B &	O Rail	road
E CC	Adam	Urffer		Sall			
TO BE	THE INFORMANT'S NAME (TypePrint)		MAILING ADDRESS (St	set and Number or Rural I			No.
-	Mrs. Anne G. Urf		F DISPOSITION (Name)	Same as		CATION — City	as France State
	1 Durisi 2 Cremation 3 Remove	al from State other plac	16)	A Law Y William	/90	Balto.	Md.
	21. SIGNATURE OF TUNERAL SERVICE LICEN	##		E AND ACCOMESS OF FA	1050	York R	d. 21204
	23. PART I. Enter the diseases, or cor	mplications that caused the dea st only one cause on each line.	th. Do not enter the	TOWSON Fu	h as cardiac or resp	ratory arrest,	Approximata
	IMMEDIATE CAUSE (Final disease or condition	ASC V	0				Interval Batween Onset and Death
	resulting in death) a.	DUE TO JOR AS A CONSEQU	UENCE OF	mell	11		27ms
CERTIFICATION	Sequentially list conditions, if sny, leading to immediata cause. Enter UNDERLYING	OUE TO (OR AS A CONSEQU	UENCE OF):	mece	ruo		2 drys
RTIFIC	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CONSEOU	UENCE OF):	-			
	PART II. Other significant conditions	contributing to death but not re	sulting in the under	lying cause given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICAL					PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: MEC					_		1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		:	6. PLACE OF DEATH (CH	eck anly one)		
YSIC	1 Tes 2 No	HOSPITAL:		Home 5 Realdence			
ву Рн	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	INJURY	: INJURY AT WORK?	28d. OEŞCRIBE HOW	INJURY OCCUR	EO
	2 Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident A	28e. PLACE OF INJURY — At hon building, atc. (Specify)	ne, farm, street, factory,	offica	26t, LOCATION (Street City or Town, State	and Number or F	Rural Route Number,
COMPLETE	deal dray	AN: To the best of my knowledge, dea					suse(a) and manner as stated.
BE	296. SGNATURE AND TITLE OF CERTIFIER	h. C.	/m 0	29c. LICENSE NUI	MBER > 1	29d. DATE SI	GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEN	1 27) (Type Print)	DUA.	12	1	0176



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after de	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	management. If the notice of the medical as the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of the medical expension of th
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SNI	\ffer	eath	200
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ALL	EG	Saf	200
OR	DIR	Por	16.00
TAL	RAI	2	7
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.	UNE	thi	1144
포	4 3	× P	E
上口	上口	e file	200
F	F	P	-

	1 - STATE OF M	ARYLAND / DEPAI CERTIF	RTMENT OF HI		MENTAL HYGIENE REG. NO.		
i	1. DECEDENT'S NAME (First, Middle, Last) RONNIE). Wa	lker		2. DATE OF DEATH MONTH 3-90	YEAR	3. TIME OF DEATH 7:45PM M
	4. SOCIAL SECURITY NUMBER 5. SEX 2 16 5 2 2 9 0 4 1X□XM 2 □ F	6. AGE (In yrs. lest birthdey) 40 yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 NRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 08-31-49	6. BIRT	THPLACE (State or Foreign ntry) M D
OR	gs. FACILITY NAME (If not institution, give street and number) 1111 Bayard Street			more Cit		9c. COUNTY OF	DEATH
DIRECTOR	100. STATE 10b. COUNTY		TY, TOWN OR LOCATI				10d. INSIDE CITY LIMITS7 1 YES 2 NO
	100. STREET AND NUMBER 1111 BAYARD STRE			ZIP CODE 21223			WHAT COUNTRY?
BY F	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT FORCES? 1 14. WAS DECEDENT FORCES? 1 15. WAS DECEDENT FORCES? 1 16. FYES, GIVE WI	EVER IN U.S. ARMED YES 2 NO AR OR DATES	If yes, spe		IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	Bla	CE — American Indian, sck, White, atc. ectly: BLACK
COMPLETED	15, DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) 10th College (1-4 or 5+	(Give kind o	S USUAL OCCUPATIO f work done during mos use retired.)	N t of working	HOMEWO		PITAL SOUTH
ш	17. FATHER'S NAME (First, Middle, Lest) OLIVER BUDD JR.			18 MOTHER'S NA	ME (First, Middle, Meiden : WALKER	Surneme)	
TO B	190. INFORMANT'S NAME (Typo/Print) JOSEPH WALKER	3939	CHEST	ERFIELD	O AVE BA	LTIMOR	
	20s. METHOD OF DISPOSITION 1 □ Burlel 2 □XCremetion 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	206. PLACE OF DISP other place) GREEN		CEMETER D ADDRESS OF FA	Y BAL	TIMORE	
	· From XA	~ \\$					NORTH AVE.
	resulting in death)	on as a consequence	orce inju			retory errest,	Approximeta Interval Between Onset and Death
CERTIFICATION	If eny, leeding to immediate ceuea. Entar UNDERLYING	(OR AS A CONSEQUENCE					
MEDICAL	PART II. Other eignificant conditions contributing to	deeth but not resultin	g in the undarlying	g cause given in	Part I. 24a. WAS AN PERFOR	RMED?	PAL. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 \(\text{NO} \) NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1. YES 2 \(\text{NO} \) NO 1 \(\text{Inpatient 2 } \)	ER/Outpatient 3 DOA	OTHER:	ACE OF OEATH (C)	ack only one)		
BY PHY	27. MANNER OF DEATH 28e. DATE OF (Month, D	INJURY 28b. 1	TIME OF 28c. INJ	URY AT	28d. DESCRIBE HOW Subject		
ETED E	3 Suicide 8 Could not be building,	F INJURY — At home, farr etc. (Specify)	Home			ard Stre	eet,Baltimore
BE COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of examiner: On the basic of examiner:						se(e) end menner se stated.
TO BE C	29% SIGNATURE AND TITLE OF CERTIFIER	<u>ر</u>		29c. LICENSE NU		1977	NED (Month, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAU MARGARITA A. KORELL, MD			Street	Baltimore,	,MD 2120)1 v
		n-Mandall	•				

DHMH-18 Rev 1/89



the burial-transit permit. Pages 1, 2, 3 should

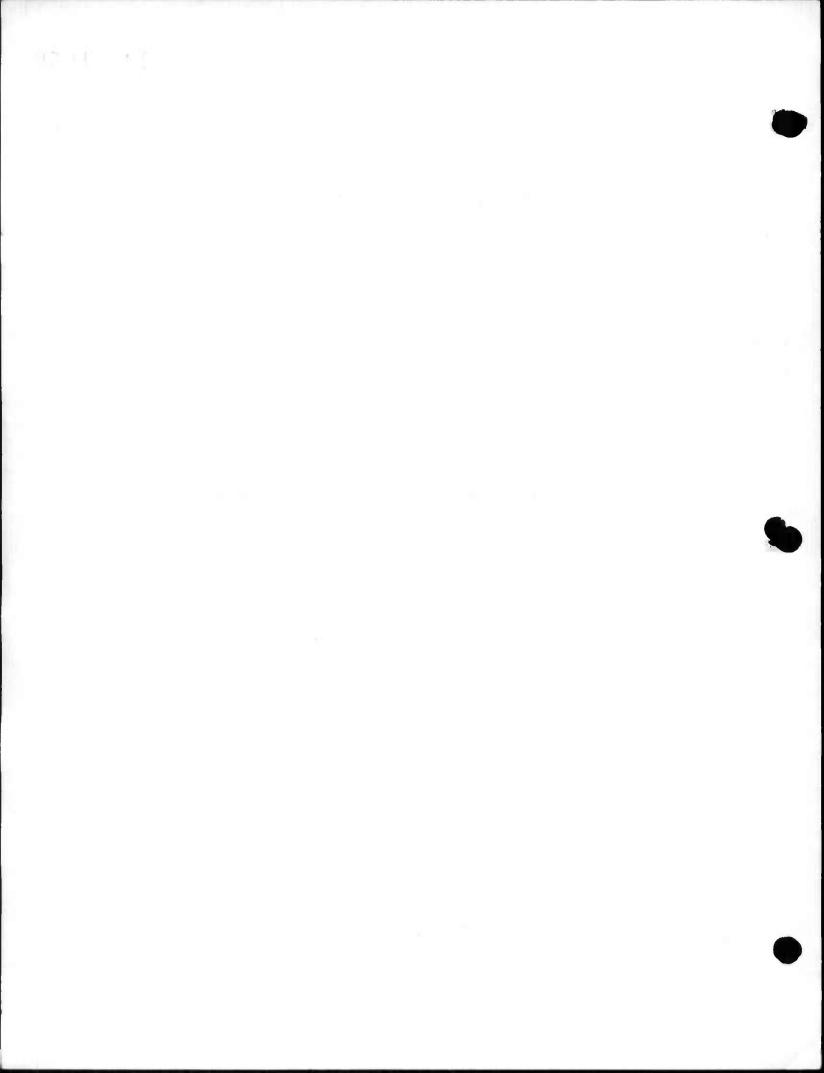
physician.

	be
	must
	sm 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
urs after death with the State Dept. of Health and Mental Hygiene phor to bunal, cremation, or removal,	medical
mation,	t, the
L Cre	even
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31. DATE FILED (Month, Day, Year)
AUG 1 0 1990

			90	21900
	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH MONTH DAY	MCAD	TIME OF DEATH
	Eunice I. White	8 7	70	9.55 P H
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7 YRS. MONTHS DAYE HOURE MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-7-08	Country)	VA .
TOR	9a. FACILITY NAME (II not institution, give street and number) Liberty Medical Center Bedtimore RESIDENCE OF DECEDENT		Balti	
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE, CITY			I. INSIDE CITY LIMITS?
FUNERAL D	100. STREET AND NUMBER 101. ZIP CODE 21213		10g. CITIZEN OF WHAT	
Ñ.		<u> </u>		
BY	11. MARITAL STATUS 1 Never Married 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuban, Maxical 1 YES, GIVE WAR OR DATES 13. WAS DECEMBENT OF HISPAN If yes, specify Cuban, Maxical 1 YES 2 NO Specify	n, Puarto Rican, etc.)	F No — 14. RACE — Black, WI Specify:	American Indian, hita, etc. BLACK
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (6-12) 9 th 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) D O MESTIC	18b. KIND OF BUSIN	IESS/INOUSTRY	
BE CON	17. FATHER'S NAME (First, Middle, Lest) JEFFERSON BARRETT 18. MOTHER'S NA MARY	ME (First, Middle, Maiden Su BARRETT	rname)	
TO B	190. INFORMANT'S NAME (Type/Print) LORENA JOHNSON 190. MAILING ADDRESS (Street and Number or Flural F	AVE BALT	State, Zip Code) IMORE, N	4D 21214
	20a METHOD OF DISPOSITION 10 Place Of DISPOSITION (Name of cometory, cremetory or other-piece) 20b. PLACE OF DISPOSITION (Name of cometory, cremetory or other-piece) 20b. PLACE OF DISPOSITION (Name of cometory, cremetory or other-piece) 20b. PLACE OF DISPOSITION (Name of cometory, cremetory or other-piece) 20b. PLACE OF DISPOSITION (Name of cometory, cremetory or other-piece) 20b. PLACE OF DISPOSITION (Name of cometory, cremetory or other-piece)		E ARUNDE	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FAMEL C. MARC		01 E. NO	ORTH AVE.
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ahock, or heart fallure. List only one cause on each line.	h aa cardiac or reapira	tory arrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a			Onset and Death
2	Severe Dehidration			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING			
TIFIC	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): USE TO (OR AS A CONSEQUENCE OF):			
CE	d. How the Refined to			<u> </u>
AL	PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in	Pert I. 24a. WAS AN AL PERFORM		RE AUTOPSY FINDINGS
20		1 YES 2 _		MPLETION DF CAUSE DEATH?
MEDICAL			1 (YES 2 NO
Z				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Ch. EXAMINER? OTHER:	eck only one)		
IYS	1 VES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT		ILIEN OCCUPED	
ВУ РЬ	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation	28d. DESCRIBE HOW INJ	ORY OCCURED	
0	3 Suicide 6 Could not be datarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)	281, LOCATION (Street and City or Town, State)	d Number or Rural Route	> Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and dua medical examiners. On the best of axamination and/or investigation, in my opinion, death occurred at the			d menner as stated.
BE	Server der mD 3001 South handrer D3800		29d. DATE SIGNED (MC	lanth, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HEVVEL CLEV MD 3000 Swith Hanover	· ST Balt	mD 21	230

Julia Daulidson Julia



FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM				EG. NO.		
1. DECEDENT'S NAME (First, Middle, Las	t)				2. DATE OF C	DEATH		3. TIME OF DEATH
Robert A.	Weston				8 MONTH	8 19	TA YEAR	4:45 PM
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) #	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	IRTH	6. BIRT	HPLACE (State or Foreign
213-07-8950	½ M 2 □ F 7		NTHS DAYS	HOURS MIN.	9-13		Bri	dgeport, COn
9a. FACILITY NAME (If not institution, give			b. CITY, TOWN O	R LOCATION OF DE			COUNTY OF I	
Francis Scott	Key Med. C	tr.	Baltim	nore				
Ma. STATE 10b. COUN	ITY	10c. CITY, T	OWN OR LOCAT	ION				10d. INSIDE CITY LIMITS?
Md. Ba	altimore	DUn	dalk					1 YES ZY NO
STREET AND NUMBER			101.	ZIP CODE		10g	CITIZEN OF	WHAT COUNTRY?
2916 Liberty	Parkway			21222		1	J.S.A	
11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED		ENDENT OF HISPAN		pecify Yea or No	- 14. BAC	E - American Indian.
1 Never Married 2 Married	FORCES? 1 YES			city Cuban, Mexica 2 NO Specifi		, atc.)	Spec	ck, White, atc.
3 XWidowed 4 Divorced				25				ite
15. DECEDENT'S Et	DUCATION (de completed)	16a. DECEDENT'S USI (Give kind of work			16b. KIN	D OF BUSINES		
	College (1-4 or 8+)	life. Do NOT use re	etired.)	it or working				
Elementery/Secondery (0-12) HIGH SCHOOL 17. FATHER'S NAME (First, Middle, Last)		Steel 1	Worker		Bet	thlehe	em St	eel
17. FATHER'S NAME (First, Middle, Last)				te. MOTHER'S NA				
D				Recei	e Pear	rce		
10a INCODMANT'S NAME (Topo/Print)		19b. MAILING AD	ORESS (Street as	nd Number or Rural			te, Zip Code)	
Susan J. Fox		8133 1	Dullno	ck Rd.	ב ב ביוות	11- 14-	3 21	222
20a. METHOD OF DISPOSITION	20	b. PLACE OF DISPOSITI			Dunda		N — City or T	
1 Donation 5 Other (Specify)	moval from State	oreland I						
21. SIGNATURE OF FUNERAL SERVICE		orerand r		D ADDRESS OF FA	CHITY	Balti	lmore	, Ma.
1 (1 /	11					_		TNO
	// 6/			OV-Ach	ton Fi	Inoral	Hom	
11/1/11/11	7/2/		2134	ey-Ash	ton Fl	Jneral	L Home	e, INC.
23. PART I. Entar tha diseeses, o			2134	WILLOW	SPrin	ng Rd	DUnd	Approximate
shock, or heart failur	r complications that cause e. List only one cause on s		2134	WILLOW	SPrin	ng Rd	DUnd	Approximate interval Between
ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition	e. List only one cause on a	nach line.	anter the mod	WILLOW	SPrin	ng Rd	DUnd	Approximate interval Between Onset and Death
ahock, or heart fallur IMMEDIATE CAUSE (Final	e. List only one cause on a	nach line.	2134	WILLOW	SPrin	ng Rd	DUnd	Approximate interval Between
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shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)	a. Due to (or as	A CONSEQUENCE OF):	anter the mod	WT11ow de of dying, auc	SPrin	ng Rđ or respirator	DUnd	Approximate interval Between Onset and Death
shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)	a. Due to (or as	A CONSEQUENCE OF):	anter the mod	WT11ow de of dying, auc	SPrin	ng Rđ or respirator	DUnd	Approximate interval Between Onset and Death
shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)	a. DUE TO (OR AS	A CONSEQUENCE OF):	anter the mod	WT11ow de of dying, auc	SPrin	ng Rđ or respirator	DUnd	Approximate interval Between Onset and Death
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FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 212-74-8296	00			IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	July 24, 1990 7. DATE OF BIRTN (Morith, Day, Wart) Sept. 17, 1901		Country Md	:30 A. M CE (State or Foreign	
	9a. FACILITY NAME (If not institution, given the meredian Numbers) RESIDENCE OF DECEMENT		ter		Frede	rick	EATN			ederi	
	10a. STATE 10b. COUL	Frederick			y, town on Locat rkittsvi				4.1		LINSIDE CITY LIMITS? YES 2 1 NO
	100. STREET AND NUMBER 6232 Picnic	Woods Rd			101	21718		- 51	U.S	A.	COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 X N		If yes, sp	ENDENT OF NISPAI ecify Cuben, Mexics 2 NO Specif	in, Puerto R		or No—	Black, WI	American Indian, nita, etc. White
BE COMPLETED !	18. OECEOENT'S E (Specify only highest gn Elementary/Secondary (0-12)	OUCATION ade completed) College (1-4 or 5+	(Gi	ve kind of a Do NOT us	usual occupation work done during mote retired.) maker	DN st of working		kind of Bu	20.00	STRY	
	17. FATHER'S NAME (First, Middle, Last) William B.	Guyton					Macie	e Bowl	us		
10	19a. INFORMANT'S NAME (Type/Print) Wayne Guyton 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Burkittsville, Md.										
	20s. METHOD OF DISPOSITION 1 [XBurlai 2 Cremation 3 R 4 Oonation 5 Other (Sport) 21. SIGNATUAE DI FUNERAL EPISICE	A	20b. PLACE of other place	Plea	DOT:	ew Cemete no appress of Fa hald B. I E. Main	Chomp:	Bu son Fu	irkitt ineral	svill Home	e,Md.
CERTIFICATION	23. PART I. Enter the diseases, ahock, or heart feilur immediate CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST	a. Due to	se on each ilne	DUENCE O	not enter the mo						Approximate Interval Between Pneet and Death Curlin
MEDICAL	PERFORMED? AM CO								RE AUTOPSY FINDINGS VILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	HOSPITAL:			OTHER: 4 Nursing Non	LACE OF DEATN (C)	8 🗆 Other	r (Specify)			
COMPLETED BY PHY	2 Accident investigation 2 Accident investigation 28s PLACE OF INJUSTY — 8t home form street factory office.										

OF DEATH (ITEM 27) (Type, Print)

AVE

21716

Mo

BRUNSLICK

30. NAME AND ADDRESS OF

31. DATE FILED (MOOTH, Coy, Year)

ALLGMER

Julia Davidson Anna

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mbus after death. Page 6 may be retained by the bross TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be field within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burild, cremation, or removal. IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR		STATE OF MAR				HEALTH AND	MENTAL HYGIEN	_	
	1. DECEDENT'S NAME (First,	7 /	ANTOINE	E:C AS	SSOUA		wed	2. DATE OF OEATH		3. TIME OF OEATH
	4. SOCIAL SECURITY NUMB	BER	5. SEX 6. /	AGE (In yrs. les	st birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign
	220-58-5592	2	1 🖳 M 2 🗆 F	66	YRS.	MONTHS DAYS	HOURS MIN.		924	Egypt
	90. FACILITY NAME (If not in	etitution, give s	1 600	//	,	9b. CITY, TOW	OR LOCATION OF O	EATH /	9c. COUNTY	OF DEATH
DIRECTOR	AESIDENCE OF DEC			45Vi	/	Hosy.	Lan	vel	Wir	necoeorgis
	Maryland	Pr:	ince Georg	es		tsvill				10d. INSIDE CITY LIMITS? TEL YES 2 NO
FUNERAL	10e. STREET AND NUMBER	421 Sai	mar St.,				20705		10g. CITIZEN	OF WHAT COUNTRY?
S	11, MARITAL STATUS		12. WAS DECEDENT EV	ER IN U.S. AF	RMED			NIC ORIGIN? (Specify Ye	s or No 14.	RACE - American Indian, Black, White, etc.
	1 Never Married 2		FORCES? 1 [NO		ES 2 NO Specific	an, Puerto Rican, etc.) ly:		SpeeWhite
ВУ	3 Widowed 4 Divo						71			WILLE
	15. OEC (Specify onl	EOENT'S EDU	CATION completed)	(G	Bive kind of w	USUAL OCCUPA rork done during		16b. KINO OF BU	ISINESS/INOUST	College Pk.
COMPLETED	Elementary/Secondary (C	0-12)	College (1-4 or 5+) 4 years	Me	e. Do NOT us	Audito	r	Universi	ty of	Md. Campus
ŏ	17. FATHER'S NAME (First, M	fiddle, Last)					16. MOTHER'S NA	AME (First, Middle, Meider	Surname)	
BE (Elais	T. As	ssouad				Nazih	ia Abu Za	khm	
TO 8	Frank Gang			19			Hill Rd.	Route Number, City or To	1227	de) 814
	200 METHOD OF DISPOSIT	ION		20b. PLACE	OF DISPOS	SITION (Name of	cemetery, crematory or	20c. L	OCATION — City	or Town, State
	1 Burtel 2 Cremetic 4 Donation 6 Other		OVAL FROM STATE	Gäte	of F	leaven	Cemetery	Silv	er Spr	ing, Md.
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE		- 11			Funeral H	Iomo	
	> Cola	rk	E Who	sac	/_	1180	0 N.H. Av	e., S.S. N	id. 209	
	23. PART I. Enter the d ahock, pr h	liseeses, or eleart failure.	complications that co List only one cause	on each line	eath. Do n	ot enter the	node of dying, suc	ch es cardiec or res	iratory errest	
	IMMEDIATE CAUSE (FI									Interval Between
		nal			/			, 4	1 4	Interval Between Onset and Death
	disease or condition resulting in death)	nal -		cit	be	Mi	1002	Ndiz	Lb1	Onset and Death
	disease or condition	naí →	A	C IT	be	My	1000	vd,>	(b)	Onset and Death
NC	disease or condition resulting in death)	+	a. DUE TO (OR	C LT AS A CONSE	EQUENCE OF	f): /	1002	Nd, 2	(b)	Onset and Death
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32. REGISTRAR'S SIGNATURE
Julia Davidon

31. DATE FILED (Month, Day, Year)

JUL 2 6 90

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPARTI CERTIFIC			MENTAL HYGIENE REG. NO.		
DECEDENT'S NAME (First, Middle, Last) Maria	Berta	Arguello	L.		2. DATE OF DEATH MONTH DAY	5- 91	3. TIME OF DEATH
SOCIAL SECURITY NUMBER		M/	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Ybar)	8.	BIRTHPLACE (State or Foreign Country)
214-15-0344	1 M 2XXF	73 YRS.	ATTHE CATE	HOUNS MIN.	Nov. 28,19		icaragua
. FACILITY NAME (If not institution, give	S. Carrier Committee	•	b. CITY, TOWN C	R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
875 Diamond Dri	ve		Gait	nersburg		Mont	gomery
a. STATE 10b. COUNT	TY	10c. CITY, 1	TOWN OR LOCAT	ION			10d. INSIDE CITY
Maryland Mon	tgomery	0	Saither	shiiro			1 YES 2 NO
e. STREET AND NUMBER	ogomez y			ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
875 Diamond Dr	ive			20878		Nic	aragua
MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 1	R IN U.S. ARMED		ENDENT OF HISPAN	IC ORIGIN? (Specify Yea		RACE — American Indian, Black, White, etc.
Never Merried 2 Merried Widowed 4 Divorced	IF YES, GIVE WAR O	R DATES		2 NO Specify			Specify: White
			1	Nicara	<u> </u>		
15. DECEDENT'S EDI (Specify only highest grad	e completed)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use if	k done during mo		16b. KIND OF BUS	INESS/INDUS	TRY
Elementary/Secondary (0-12)	College (1-4 or 8 +)		220176		0	77 -	
12 FATHER'S NAME (First, Middle, Last)		Homen	naker	14 MOTHED'S NA	ME (First, Middle, Meiden :	Home	
	11.						11.
Abelardo Argue a. INFORMANT'S NAME (Type/Print)	110	19b. MAILING A	DDRESS (Street a		Paz Lanzas Route Number, City or Town		
Ausberto Narva	0.7		as #10		, , , , , , , , , , , , , , , , , , , ,	,, .,	
e. METHOD OF DISPOSITION		20b. PLACE OF DISPOSIT		netery, crematory or	20c. LO	CATION — City	or Town, State
☐ Burlel 2 【**Cremation 3 ☐ Rer ☐ Donation 5 ☐ Other (Specify)	noval from State	Metropolit	an Cre	matory	Ale	vandri	a, Virginia
SIGNATURE DE FUNERAL BERVICE L	ÇEÑSEE	11CCTOPCTT.	22. NAME A	D ADDRESS OF FA	CILITY De Vol Fi	uneral	Home
1/11/1			10 E	ast Deer	Park Drive	e	
3. PART I. Enter the diseases, or	complications that car	reed the death. Do not			, Maryland		
MMEDIATE CAUSE (Final liseese or condition esuiting in death)	a. 510 DUE TO (OR	AS A CONSEQUENCE OF):	E D	916			Onset and De
equantially list conditions, any, leading to immediata suse. Enter UNDERLYING AUSE (Disease or injury nat initiated events sesuiting in death) LAST	c	AS A CONSEQUENCE OF):					
ART II. Other eignificant condition	ene contributing to dea			g cause given in	Part I. 24e. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINOR MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
s. WAS CASE REFERRED TO MEDICAL				ACE OF PEATITION			
EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch			
MANNER OF DEATH	1 Inpatient 2 ER			URY AT	6 ☐ Other (Specify) 28d. DESCRIBE HOW to	N HIRV OCCIN	ien.
1 Natural 5 Pending	(Month, Day, Ye	er) tNJUI	SA MC	YES 2 NO	200. DESCRIBE NOW II	NJUNY OCCUP	NED
2 Accident Investigation	28e. PLACE OF IN.	JURY — At home, farm, str			28f. LOCATION (Street a	and Number or	Rural Route Number
3 Suicide 6 Could not be determined	building, atc.		//	71	City or Town, State)		
cont only	SICIAN: To the best of my						ause(s) and manner as states
b. SIGNATURE AND TITLE OF CENTIFI	ER ,	. N		29c. LICENSE NUI	MBER	29d. DATE 6	IGNED (Month, Day, Year)
Luote	or M	1).		D 197	768	10	1.25.90
D. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE O	F DEATH (ITEM 27) (Type, F	rint)	41 ~	650 Penn	Ave.	S.E. #340
KO BER	10 1,	MALL	15	, MU	Washingt		
1. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE					

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EN	DR:	8
TO THE MISPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within z-mours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to he find within 22 hours after death with the State Deor, of Health and Mental Hydlene prior to burial, chemation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 //	t, Middle, Last)				ICATE O	DEAL	П	2. OATE OF	REG. NO.	-		3. TIME OF GEATH	
~ 1116	arl	NH	I ,	11	Iru			MONTH	DATE DATE		YEAR	1 1-52	
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. Is	ast birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH	9	8. BIRTH	IPLACE (State or Foreig	
220-30-31	72	1 244 2 F	88	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, E	1 2 C	11	Nove	ark. DE	
9a. FACILITY NAME (If not is	nstitution, give s	street and number)			96. CITY, TOWI	OR LOCATIO	ON OF DE	ATH		9c. COU	NTY OF D		
Union Hospital					E1kt	on			1 6	Cec:	il		
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY				10c, CIT	Y, TOWN OR LOC	ATION						10d. INSIDE CITY	
MD	Ceci	1		E1:	kton							LIMITS?	
10e. STREET AND NUMBER	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s				T	IOI. ZIP CODI	E			10g. CIT	IZEN OF V	WHAT COUNTRY?	
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11. MARITAL STATUS		12. WAS OECEDE	NT EVER IN U.S. A	RMED				IIC ORIGIN? (or No-	14. RACI	E — American Indian, k, Whita, atc.	
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(Specify on Elementary/Secondary (ly highest grade	College (1-4 or 5		'Give kind of fe. Do NOT u	work done during	most of worldr	ng	100. 1	IND OF BOS	MESSIM	DUSTRE		
3rd	,,,,,			Odd .	Jobs			Se	elf-er	nplo	yed		
17. FATHER'S NAME (First, A	Viddle, Last)					18. MOTI	HER'S NA	ME (First, Mid					
Unknow						Ţ	Jnkno	own		10			
19a, INFORMANT'S NAME (ADDRESS (Street								
Thelma Bro					nights								
20a METHOD OF OISPOSIT 1 XX Burial 2 Cremati 4 Donation 5 Othe	on 3 Aerr	novel from State	20b. PLACE OF DISPOSITION (Name of cometary, crematory or other place) Bohemia Manor Cemetery								city or To		
21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEE	22. NAME AND ADDRESS OF F Congo Funeral										
Y MIN	711	14000	M00860)							D. T.		
23. PART I. Enter the o	liseeses, or	complications th	et ceused the d	death. Do	not enter the	node of dy	ing, suc	Wiln	c or respi	ratory ar	Teat.	Approximet	
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			2/13	111	100000				- 7			Onset end I	
resulting in death)	→	PUE TO	O (OR AS A CONS	A W	mns	y		we	ST			Onset end I	
resulting in death)	→ 	Au.	O (OR AS A COMS	EOUENCE C	man	y	-0	ive F	s t	2/6	to	Onset end I	
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Sequentially list conditions, leading to imme ceuse. Enter UNDERLY	odiate rING ury	DUE TO		EOUENCE C	OF):	dia	-/	ive F	s T	a/C	to	Onset end t	
Sequentially list conditions, leading to immediate, leading to immediate. Enter UNDERLY CAUSE (Disease or Injustical Initiated events	odiate rING ury	DUE TO	O (OR AS A CONS	EOUENCE C	OF):	dia	-/	T	s T u Se	arc	to	Onset end I	
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Sequentielly list conditions, leading to immediate, leading to immediate. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LAS PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH LASTURAL 3 Suicide 6 A Nomicide 29a. CERTIFIER (Check only)	TO MEDICAL Pending investigation Could not be determined	d	O (OR AS A CONS O (OR AS A CONS O death but not ER/Outpetlant OF INJURY Day, Year) OF INJURY — At g, stc. (Specify)	EQUENCE C EQUENCE C reculting 2 Poop A 28b. Till IN	OTHER: 4 Nursing H ME OF 28c. JURY M 1 street, factory, o	PLACE OF COMES 5 R. N. N. N. N. N. N. N. N. N. N. N. N. N.	given in DEATN (Ch esidence NO	Part I. 2 eck only one) 8 Other (28d. DESCI 28f. LOCAT City or	A4a. WAS AN PERFOR I YES 2 Specify) Specify) FION (Street & Fown, State)	AUTOPSY MED? NJURY OC and Number	24tl	D. WERE AUTOPSY FINIT MARILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO	
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31. DATE FILED (Month, Day, Warr)
JUL 25 '90

TO BE COMPLETED BY FUNERAL DIRECTOR

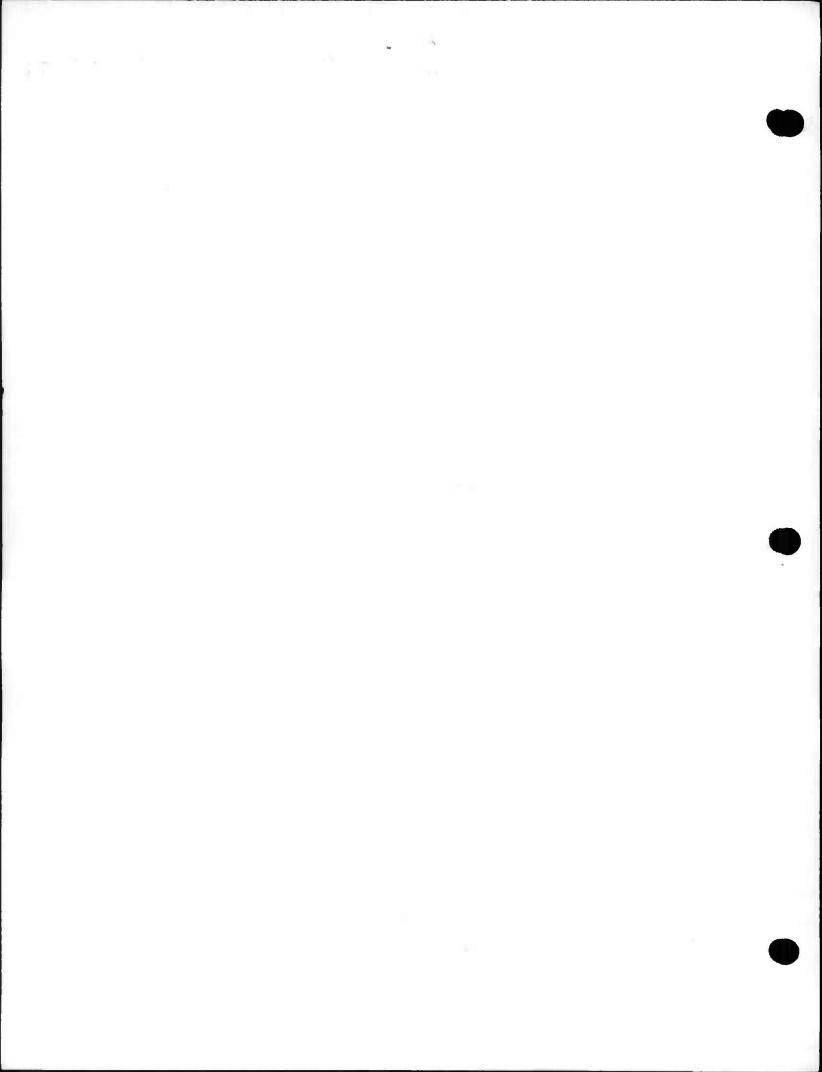
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	-	FOR STATE REGISTRAR	
•		REGISTRAR	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTI	FICAT	E OF	DEATH		REG. NO			
1. DECEDENT'S NAME (First, Middle, L	st)							2. DAT	E OF DEATH			3. TIME OF DEATH
Marcu	s I	AYNE		Andr	cews			Mon	5-90 °	/A	YEAR	6:51AM M
SS. 214-96-516 214-96-5161		X (M 2 F	6. AGE (In y	rs. lest birthday	MONTHS	DAYS	IF UNDER 24 HRS HOURS MIN.	7. DATE	e of BIRTH oth, Day, Year) Y 28 19	965	8. BIRTH Count OHI	
9a. FACILITY NAME (If not institution, g	ve street and	t number)			9b. CIT	Y, TOWN	OR LOCATION OF	DEATH			TY OF E	
Memorial Hospi						Cu	mberlan	d 		All	ega	ny County
MARYLAND ALI	inty EGANY	7		100	BERL		TION					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 124 MASSACHUS	ETTE	ATTE					r. ZIP CODE					WHAT COUNTRY?
							21502			U.S		
11. MARITAL STATUS 1 X Never Married 2 Married 3 Wildowed 4 Divorced	12. W	MS DECEDENT ORCES? 1 YES, GIVE W	T EVER IN U. TYES AR OR DATE	.S, ARMED 2 X NO :S	13	If yes, sp	CENDENT OF HISI Decity Cuban, Max S XX NO Spe	ican, Puarto		or No-	Spec	E — American Indian, k, Whita, atc. #/y: WHITE
15. DECEDENT'S (Specify only highest			10	Ba. DECEDENT	"S USUAL (OCCUPATI	ON ost of working	16	Sb. KIND OF BU	SINESS/IND	USTRY	
Elementary/Secondary (0-12)		ege (1-4 or 5 +) AI	Ilfo. Do NOT	use retired.)	TICS LA	BORATY	ORY CO)MPOS	IT D)EPT.
17. FATHER'S NAME (First, Middle, Las									, Middle, Maiden			
JAMES A. AN	DREWS						JANICE	CLE	NDENIN			
19a. INFORMANT'S NAME (Type/Print)				1			and Number or Ru	al Route Nu	mber, City or Tow			
JANICE ANDREWS				124 M	ASSA(CHUSE	ETTS AVE	. CUI	MBERLAN	ID, MAI	RYLA	ND 21502
20a. METHOD OF DISPOSITION		- Cart	20b. P	LACE OF DISP	OSITION (Vame of co	metery, crematory	or .		CATION -	_	
1 XBurial 2 Cremailon 3 4 Donation 5 Other (Specify)	removal fro	om Stale	RES	ST LAW	n men	MORIA	AL GARDE	NS	LAVA	LE, I	MARY	LAND
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1		2	C24	TY AME (ND ADDRESS OF K-MERRIT	FACILITY				
A DO	M	1000	:11		6.0		CATUR S	יכות סייני	ALKAL I	OME DI AND	D 3/4	DIE AND
23. PART I. Enter the diseasea, shock, or heart fell IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	re. Liet or	niy one cau Chest	injur	h line.			out or dying, a					Approximate interval Between Onset and Death
Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING	b	DUE TO	(OR AS A C	ONSEQUENCE	OF):							
CAUSE (Disease or injury that initiated eventa resulting in death) LAST	d	OUE TO	(OR AS A C	ONSEQUENCE	OF):							
PART II. Other aignificent cond	Itions con	tributing to	death but	not resultin	g in the	underlyli	ng ceuse given	in Part i.			24	b. WERE AUTOPSY FINDINGS
		•							PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
									HEAD	_		OF DEATH?
25. WAS CASE REFERRED TO MEDIC	AL I				-	26. 1	PLACE OF OEATH	(Check only	one)			
EXAMINER? YES 2 NO	HOS	SPITAL:	L EB/Cuta-t	lant 3 🗆 nor	ОТН	ER:			,			
27. MANNER OF DEATH		26a. DATE OF	INJURY	lent 3 DO/	TIME OF	28c. IN	me 5 - Rasiden	_	E\$CRIBE HOW	INJURY OC	CURED	
1 Natural 5 Pending		8-4-9	lay Year)	3	30PM	I 1 🗆	ORK? YES XX NO	Pas	ssenger	ina	auto	that swerve
2 Suicide 8 Could no				- At home, fan			Ice	-281. 19	बर्ग्यस्त्रियम्	nima.	or Auto	ALDAN, lost
4 Homicide determin		pullding,	etc. (Specify	"	Road			Rt.	ity or Town, State 325 M	" lannst	town	ship Bedford
29e. CERTIFIER 1 CERTIFYING	HYSICIAN:	To the best of	my knowled	dge, death occ	urred at the	ilme, de	te end place, and					
CORBUN ORBY									-			(a) and manner as stated.
29b SHEWATURE AND TITLE OF CER		- 10-12P10		1100			29c. LICENSE					D (Month, Day, Year)
A ON	X~						OCM			290. UA	8-6	
30. NAME AND ADDRESS OF PERSO	MHO CON	ADI ETEO CALI	SE UE UE T	M /ITEM 979 /3	Ima Delati		1 001				- 0	
ANN M. DIXON,	1D			1:		enn S	Street,E	altir	nore,MD	2120	01	VC
AUG 0 7 1990 %	his Day	32. REGISTRA	and se	rURE								



JUL 24 1990

TO THE HOSPITAL OR ATTENDING PAYSICIAN: The law requires that the death certificate be executed within carriours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as 1	
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The la	ste has	em 2
CIAN	ertifica	0 H
PHYS	this c	rked,
IDING	. After	S ma
ATTE	ECTOR	1 28
AL OR	AL DIR	t Item
OSPITA	JNERA	be ned within 72 hours after deam with the State uppl. of heating and henrial hydrene prior to bunka, chematon, or removal. IMPORTANT: It litem 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HE H	FE FI	W North
6	6	IN De

	FOR 1 STATE	STATE OF M	ARYLAND /	DEPAR	RTMEN	T OF H	EALTH	AND	MENTAL HYGIEN	NE	90	2196	7	
	1. DECEDENT'S NAME (First, Middle, Last)	on Lev		ERTIF		E OF	DEAT	ГН		DAY	YEAR 990	3. TIME OF DEATH 10:00 p	M	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. In:	Brown st birthday)	IF UNDE		IF UNDER		7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign		
	219-20-3547	1 XM 2 F	89	YRS.	MONTHS	DAYS	HOURS	MIN.	Oct. 24,	900	Mary	nland		
	9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CIT	r, TOWN D	R LOCATI	ON OF DI		9c. CO				
OR	Citizens Nursing	Citizens Nursing Home of Fred					eric	k		F	reder	ick		
DIRECTOR	RESIDENCE OF DECEDENT	RESIDENCE OF DECEDENT					TON!	-		-		10d. INSIDE CITY		
E S		ederick			jams							LIMITS?		
	100. STREET AND NUMBER	CUCLICA			Janes		. ZIP COD	E		10n Cl	TIZEN OF V	1 YES 2 NO	_	
FUNERAL	7809 Hopehill Roa	.a				100	217			109. 01	U.S.			
N.	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AF	RMED	13.	WAS DEC			NIC ORIGIN? (Specify Ye	e or No		- American Indian.	_	
BY FL	1 Never Merried 2 Merried 3 Widowed 4 Divorced		YES 2X			If yes, sp		n, Mexica	in, Puerto Ricen, etc.)		Black	White, atc.		
ED	15. DECEDENT'S EDU		16a, DE	ECEDENT'S	USUAL	CCUPATIO	ON .		16b. KIND OF BU	JSINESS/IN	IDUSTRY		_	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	Dit-	ive kind of Do NOT u	ise retired.)	during mo	st of workli	79						
MP	11		Orde	rly				Medi	cal					
00	17. FATHER'S NAME (First, Middle, Last)								AME (First, Middle, Maide					
BE	James Ham	Brown	Brown Susie							Smith	1			
10	Can all the Constitution	19e. INFORMANT'S NAME (Type/Print)					19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code							
	Bernard W. Brown 220 Thomas Avenue, Frederick, Maryland 21701										21701			
	29a. METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 Rem 4 Donetion 5 Other (Specify)	Hopehill Cemetery Hopehill, Frederick												
	22. NAME AND ADDRESS OF FACILITY Charles E. Hicks, III 1922 Forest Drive, Annapolis, Md.									3. 21401				
NC	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF):									Approximata interval Betwee Onset and Dev				
SERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (DR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):													
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS ANAUTOPSY PERFORMED? 1 YES 2 NO									WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
XA	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)													
Sic	1 YES 2 NO	EXAMINER? 1 YES 2 200 HOSPITAL: 1 I Inpatient 2 ER/Outpetient 3 DOA Absuraing Home 5 Residence 8 Other (Specify)												
	27. MANNER OF DEATH Natural 5 Pending	INJURY ny, Year)	28b. Til	ME OF JURY M		URY AT	ND	28d. DE\$CRIBE HOW INJURY OCCURED						
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE DI building,	F INJURY — AI he etc. (Specify)	ome, farm,	street, fac	tory, offic	•		28f. LOCATION (Stree City or Town, State		er or Rural I	Route Number,		
BE COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 LICENSE NUMBER 29c. LICENSE NUMBER													
5	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAR	TOF DEATH ATE	M 27 (Sun	Prints						110	11/1	J	

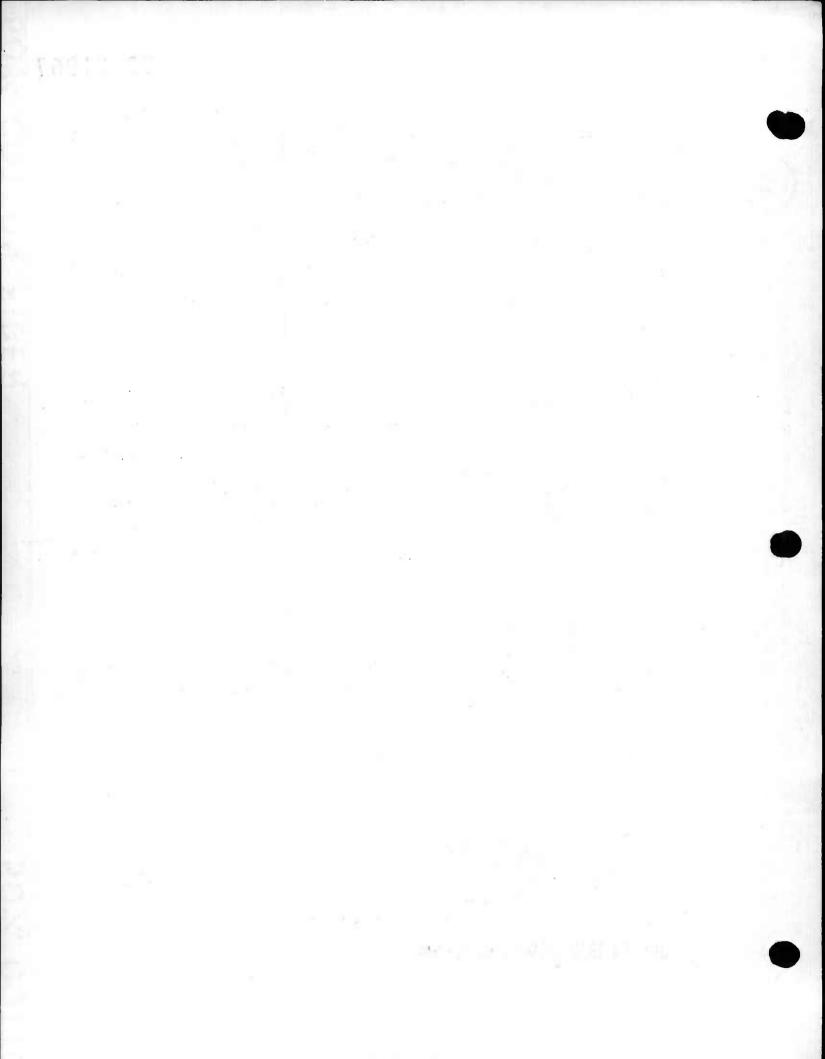
Casper A. Cline, MD, 300 West Ninth Street, Frederick, Maryland 21701

ATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

JUL 24 1990 Julie Devilor Pariles.

OHMH-16 Rev 1/89



TO BE

31. DATE FILED (Month, Day, Year)

JUL 23 1990

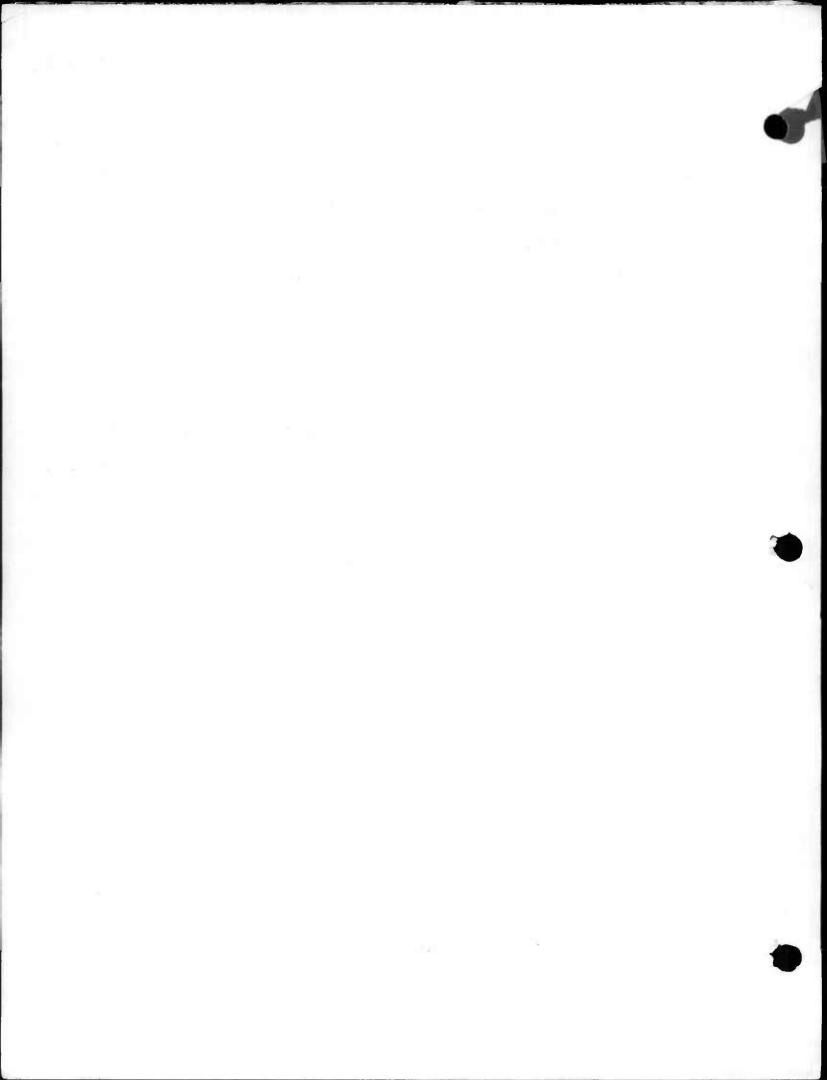
P. REGISTRAR'S SIGNATURE

10° 4.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 28 must death. Page 6 may be retained by the hospital or attending in TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be neutified at once.

										50	21968	
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND				EALTH AND I	MENTAL	HYGIENI REG. NO.	E			
)	1. DECEDENT'S NAME (First, Middle, Last)	•					MONTH	OF DEATH DA		YEAR	3. TIME OF DEATH	
			uero	7		2000	Jul	4 2	-	96	0230 "	
		5. SEX 6. AGE (In yrs.	inst birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	BIRTH , Day, Year)		Country)		
	135-07-2875 19a. FACILITY NAME (If not institution, give stree	A 17	1110.	Ob CITY	TOWALO	R LOCATION OF DE		4/191		New TY OF DEA	Jersey	
œ	7111						EAIN					
DIRECTOR	Frederick Memoria	1 HOspital		Fre	deri	LCK			Fr	eder:	ick	
JE	10a. STATE 10b. COUNTY			Y, TOWN		ION				1	10d. INSIDE CITY LIMITS?	
	MD. Frede	rick	Fre	ederi	ck						1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 1471 West Key Par	kway			101.	21701			10g. CITIZ		HAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	2. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2/ IF YES, GIVE WAR OR DATES	ARMED NO		WAS DEC	ENDENT OF HISPAT acity Cuban, Maxica 2NO Specifi	in, Puarto F	? (Specify Yea tican, atc.)	or No—	14. RACE - Black, Specify	American Indian, White, atc.	
0	15. DECEDENT'S EDUCAT	TION 18a.	DECEDENT'S	USUAL O	CCUPATIO	ON	18b.	KIND OF BUS	INESS/INDU	JSTRY		
	(Specify only highest grade co	college (1-4 or 5+)	(Give kind of life. Do NOT u	work done se retired.)	during mo	at of working						
7	8	h	omemal	ker				n/a				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	1				18. MOTHER'S NA						
BE C	John Mauriello					France	es S	Saccone	е			
TO B	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORES	S (Street a	nd Number or Rural	Route Numb	oer, City or Town	n, State, Zip	Code)		
F	Phyllis Grish		7240	Bowe	ers I	Road, Fr	ederi	ick, Mo	d. 21	701		
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Holy Cross Chapel Mausoleum 20c. LOCATION - City or Town, State North Arlington, N. J.											
	21. SIGNATURE OF FUNERAL SERVICE LICEN			22.	NAME AN	ID ADDRESS OF FA	CILITY					
	1 2/2 Da 2	f Lan	- /							Opos	sumtown Pik	
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory errest,										Approximate	
	shock, or heert fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel Onset and Des											
	disease or condition resulting in deeth)	So	DON V	ues								
l	resulting in deetin)	DUE TO (OR AS A CON	SEOUENCE C	OF):		·						
z												
CERTIFICATION	Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING											
띨	that initiated events	OUE TO (OR AS A CON	SEQUENCE (OF):								
E	resulting in deeth) LAST											
	PART II. Other algorificant conditions	contributing to deeth but no	ot resulting	In the u	nderlyln	g ceuse given in	Part I.	24a, WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
MEDICAL								PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	-						_	1 TYES 2	□ NO		OF OEATH? 1 YES 2 NO	
											1 123 2 110	
AN	25. WAS CASE REFERRED TO MEDICAL				26. PI	LACE OF DEATH (C)	heck only or	ne)			* "	
Sic		HOSPITAL: 1 Inputient 2 ER/Outputient	3 🗆 DOA	OTHE 4 Nu		ne 5 🗆 Residence	8 🗆 Othe	er (Snec/fv)				
PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. Til	ME OF	28c. INJ	IURY AT	_	SCRIBE HOW I	NJURY OCC	URED		
ВУР	1 Natural 5 Pending	(Month, Day, Year)		iJURY M		YES 2 NO						
DB	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — At building, atc. (Specify)	t home, ferm,	atreet, fac	tory, offic	a .		ATION (Street or Town, State)		or Rural Ad	oute Number,	
ш	4 Homicide detarmined	g, and (appeally)					J.iy	, owley				
COMPLET	anal -	AN: To the best of my knowledge. On the best of exemination and									and manner as stated.	
	296. SIGNATURE AND THE OF CONTIFIER	0.0	_			29c, LICENSE NU		,			(Month, Day, Year)	
BO Stephen 90011. 107186 > 7(23/9												

DHMH-18 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mounts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CER	TIFICAT	TE OF	DEATH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF D	DEATH	v	YEAR	3. TIME OF DEATH
	Mar	jorie	Louis	e B	rooks		MONTH 7-27-90 YEAR 6:		6:52AM M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6	L AGE (In yrs. lest birti	hday) IF UNI	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day			8. BIRTH	PLACE (State or Foreign
	219-42-5791	1 M 2 K F	56 Y	RS.	DAYS	HOURS MIN.		4 33	3		sylvania
	9a. FACILITY NAME (If not institution, give s			9b. C	TY, TOWN C	R LOCATION OF DE	ATH		9c. COUNTY OF DEATH		
OR	Carroll County	General H	ospital		M	estminst	er		Carı	roll	County
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,	140	c. CITY, TOW	V OB 1 OCAT	TON					10d. INSIDE CITY
E											LIMITS?
	Maryland Car	roll		Jnion		zip code			40 - 0171	7511 05 11	1 YES 2 X NO
RA		W: 11 D1			101						
FUNERAL DIRECTOR	1024 McKinstry	MILL KG.	EVED IN II C ADMED		2 486 050	21791 ENDENT OF HISPAN		no oldo. Vo o		.S.A	
5	1 Never Married 2 Married	FORCES? 1	YES 2 X NO	- 1	If yes, sp	ecify Cuban, Maxica	n, Puerto Ricen		Or 140		- American Indian, White, stc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAI	R OR DATES		1 YES	2 X NO Specify	<i>i:</i>			Spech	Black
	15. DECEDENT'S EDU		16e. DECED	ENT'S USUAL	OCCUPATION	ON	16b. KIN	D OF BUS	INESS/IND	USTRY	Didoit
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do	nd of work do NOT use retired	ne during mo 1.)	st of working					
릴	12		nuı	se's	aide		l h	ospi	tal		
ğ	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle	e, Malden	Sumame)		
BE COMPLETED	Robert S	mith				Rut	h Bruc	e			
10 B	19a. INFORMANT'S NAME (Type/Print)		19b. M/	AILING ADDR	ESS (Street a	and Number or Rural F	Poute Number, C	City or Town	n, Stete, Zip	Code)	
F	Leroy Brooks		102	24 McK	instr	y Mill R	Rd. Ur	nion	Brid	ge,	MD 21791
	20g. METHOD OF DISPOSITION 1 ABuriel 2 Cremetion 3 Rem	oval from State				netery, crematory or			CATION —		
	4 Donation 5 Other (Specify)		Mt.	Joy Ce	meter	ТУ		Uni	Lonto	wn,	MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	10	, :	2. NAME A	ND ADDRESS OF FA	CILITYD.D.	Har	tzle	r &	Sons
	atharine (1. Jan	Deer		Unior	Bridge,	MD				
	23. PART I. Enter the diseases, or							or reapl	ratory arr	eat,	Approximate
	ahock, or heart failure. IMMEDIATE CAUSE (Final	List only one caus	e on each line.								Interval Between Onset and Death
	diagona or condition	. Arteri	oscleroti	c car	diova	scular d	isease	.			
	readiting in death)	DUE TO (C	OR AS A CONSEQUE	ICE OF):	WT-0.40	ocarar a	<u> Locaoc</u>				
Z	Sequentially list conditions,										
E	If any, leading to immediate	DUE TO (C	OR AS A CONSEQUE	NCE OF):							
2	cause. Enter UNDERLYING CAUSE (Disease or injury	C	OR AS A CONSEQUE								
Ë	that initiated events reaulting in death) LAST	DOE 10 (c	JR AS A CONSEQUE	VCE OF):							i
当		d									
EDICAL CERTIFICATION	PART II. Other algnificant condition	ne contributing to d	leath but not resu	iting in the	underlyin	g cause given in	Part I. 24	. WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
S	_ Diabetes Melli	tus					_ 1	YES 2			COMPLETION OF CAUSE OF GEATH?
ME							'				YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТН		LACE OF OEATH (Ch	eck only one)				
YSI	YES 2 NO	1 Inpetient &		DOA 4 🗆	Nursing Hon	ne 5 🗆 Raaldance					
F	27. MANNER OF DEATH XX Natural 5 Pending	28a. DATE OF II (Month, Day		Ib. TIME OF INJURY	W	JURY AT ORK?	28d, OEŞCRI	BE HOW I	NJURY OC	CUREO	
ВХ	2 Accident Investigation			N		YES 2 NO					
	3 Suicide 6 Could not be 4 Homicide detarmined	building, a	INJURY — At home, tc. (Specify)	farm, street,	factory, offic	:0	26f. LOCATIO	own, State)		or Hural I	Houte Number,
E.											
COMPLETED	Corroon Orny	ICIAN: To the best of n									
Ö	X MEDICAL EXAMINI	ER: On the basis of ext	m nation and/or inve	stigation, in n	ny opinion, o	death occured at the	lime, data and	i piace, ar	nd due to th	te cause(a) and manner as stated.
E	266 SIGNATURE AND TITLE OF CERTIFIE	10) 1	h .	1		29c. LICENSE NUI			29d. DAT		(Month, Day, Year)
000											7 00
0	C100001	Down-	11 M	1.		OCME				7-2	7-90
TO B	30. NAME AND ADDRESS OF PERSON WI	6	E OF OEATH (ITEM 27		lone C			o Mr	212		
00	30. NAME AND ADDRESS OF PERSON WIND MARIO F. GOLLE, 31. DATE FILED (Month, Day, Year)	JR,MD	E OF OEATH (ITEM 27	111 P		Street,Ba		e,MD	212		7 - 90

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irector.	h with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	arked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARY		MENT OF H		MENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last)	D. 21				2. DATE OF DEATH		3. TIME OF OEATH	
	Harry Frank	clin Balley				JULY :		0 8,43 P H	
	225-05-2935		73 vrs. lest birthday)	IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Aug. 29, 1	916	BIRTHPLACE (Store or Foreign Couptry) Wash. D. C.	
	9e. FACILITY NAME (If not institution, give:			9b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY		
DIRECTOR	Frederick Memor	ial Hospita	1	Fred	erick		Fred	lerick	
8	10e. STATE 10b. COUNT	Υ	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?	
5	Md. Do	rchester		0cean	City			1X YES 2 NO	
M	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN OF WHAT COUN		
FUNERAL	609 N. Pac				21842			S.A.	
	11, MARITAL STATUS 1 Never Married 2 X Merried	12. WAS OECEDENT EVER FORCES? 1 YES	2 NO	If yes, spe	cify Cuben, Mexica	IC ORIGIN? (Specify) n, Puerto Rican, etc.)	fee or No 14.	RACE — Americen Indien, Black, White, etc.	
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 TYES	2 NO Specify	r:		Specify: White	
	15. OECEDENT'S EDI (Specify only highest grad		16a. DECEDENT'S U	SUAL OCCUPATION Most done during most	N et of westige	16b. KIND OF E	USINESS/INDUS	ГЯУ	
5	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NOT use	retired.)	at or worning				
COMPLETED		2.	Sa	1esman			rical mi	g.	
8	17. FATHER'S NAME (First, Middle, Last)		. 7			ME (First, Middle, Meidle	en Surneme)		
BE	PUTCEV1. 19e. INFORMANT'S NAME (Type/Print)	l Roberts Ba		000000 /0		la Kraft Route Number, City or 1	Chan 71- Ca		
2	Diane Bailey L	mn			Tree Lan				
	20a. METHOD OF DISPOSITION		0b. PLACE OF DISPOSI				COWNSVI LOCATION — City	ille, Md.	
	1 Buriel XX Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	Smithsbu				Smithsburg, Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Donald B. Thompson Funeral Home						Hama		
	Tuel 30 lin	ML.				St., Mide			
	23. PAHT I. Einter the diseases, or	complications that caus	ed the death. Do no						
	ahock, or heart failure. IMMEDIATE CAUSE (Final	. Vist only one cause on	each line.					Interval Between Onset and Death	
	disease or condition								
	DUE TO (OR AS A CONSEQUENCE OF):								
Z	Sequentially list conditions,								
E	DUE TO (OR AS A CONSEQUENCE OF): ## any, leading to immediate cause. Enter UNDERLYING								
	CAUSE (Disease or Injury that Initiated events	C. DUE TO (OR AS	A CONSEQUENCE OF):				<u> </u>	
CERTIFICATION	resulting in death) LAST	4							
	DART II. Oak on algorithment and disla		5-AA			B. a.t. Tax. 1990			
PHYSICIAN: MEDICAL	PART II. Other algnificent condition	_			g cause given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
ă	SMAL L	ころからしいろん	<u> </u>	xueting		1 □ YES	2 PENO	OF DEATH?	
Σ						-		1 TYES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL	T		26 Pi	ACE OF DEATH (Ch	eck only one)			
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:		6 Other (Specify)			
H	27. MANNER OF DEATH	28a. DATE OF INJURY	Y 28b. TIME	OF 28c, INJ	URY AT	28d. DESCRIBE HO	W INJURY OCCUP	RED	
ВУ Р	1 Neturel 5 Pending	(Month, Day, Year)) INJU		YES 2 NO				
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUI	RY — At home, farm, si	treet, factory, offic	•	261. LOCATION (Stre City or Town, Str	et end Number or	Rural Route Number,	
E	4 Homicide determined		,						
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my kno	owledge, death occurre	d at the time, date	and place, end due	to the cause(e) end	menner se stated.		
Ö	one) 2 MEDICAL EXAMIN	IER: On the basie of examinat	tion and/or investigation	n, in my opinion, d	leath occured at the	time, date end place,	end due to the c	ause(e) end menner ee stated.	
BE C	296. SIGNATURE AND TITLE OF CERTIFI	ER Ann		·	29c. LICENSE NUI	MBER	29d, DATE S	IGNED (Month, Day, Year)	
TO B	miles 1.	- Thyla	0		0-181	7/	7	-76.50	
	29b. SIGNATURE AND TITLE OF CERTIFICATION OF THE AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS ADDRESS OF PERSON WAS ADDRESS OF PERSON WAS ADDRESS OF PERSON WAS ADDRESS OF PERSON WAS ADDRESS OF PERSON WAS ADDRESS OF PERSON WAS ADDRESS OF PERSON WAS ADDRESS OF PERSON WAS ADDRESS OF PERSON WAS ADDRESS OF PERSON WAS ADDRESS OF PERSON WAS ADDRESS OF PERSON WAS ADDRESS OF PERSON WAS ADDRESS OF PERSON WAS ADDRESS OF PERSON WAS ADDRESS OF PERSON WAS ADDRESS OF PERSON WAS ADDRESS OF PERSON WAS ADDRESS OF PERSON WAS ADDRESS OF PERSON W	NACO, M.P.	187 The	Print) Joh	Som D.	Fraduich	NO :	21702	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SK	GNATURE PONDA	见					

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		as been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages
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. RECORDS, P.O. BOX 13146,	law requires that the death certificate be executed within zariours after death. Page 6 may be retained by the hospital or attending physician.	he at
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,	1. DECEDENT'S NAME (First, Middle, Last)			-117		2. DATE OF DEA	DAY	YEAR	TIME OF DEATH						
	McKendre		BOWMAN (In yrs. last birthday) IF UNDER 1 YE	AR IF UNDER 24 HRS.	7 DATE OF BURY	1, 1990		5:00 A.						
	215-36-7910		79 YAS.	MONTHS DAT		July 1	7,1911	Mar Mar	yland						
	9e. FACILITY NAME (If not institution, give stre	eet and number)		9b. CITY, TOV	WN OR LOCATION OF D			Y OF DEAT	гн						
DIRECTOR	Friend's Nursi	ng Home		Sa	ındy Sprin	g	Mor	tgom	ery						
SEC	10a. STATE 10b. COUNTY		10c. C	ITY, TOWN OR LO	OCATION			10	INSIDE CITY						
		ntgomery		Dam	ascus			1	YES 2 N						
3AL	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZI		AT COUNTRY?						
FUNERAL	81/10 Damascus	Road 12. WAS DECEDENT EVER	IN ILE ADMED	40 1100	20872 DECENDENT OF HISPA	AUG ODIONIS (0	11. Year and 11.	USA							
BY FU	Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 1 0 NO	If yes	t, specify Cuban, Maxic YES 2 K NO Speci	an, Puarlo Rican, et		Black, V	American Indian Vinita, etc.						
ED	15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DECEDENT	'S USUAL OCCUP	PATION a most of working	16b, KIND (OF BUSINESS/INDU	STRY							
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NOT	use retired.) Mer	y most or working	F	arming								
8	17. FATHER'S NAME (First, Middle, Last)				ma Eliza		20.39								
BE	A. McKendre	ee Bowman	10b MAII II	NO ADDRESS /Sw	reet and Number or Rural										
2	George C. Cramer				Ave., Da										
	20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town other place)														
	4 Donation 5 Other (Specify) Damascus Meth. Cemetery Damascus, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								u .						
	22. NAME AND ADDRESS OF FACILITY Olin L. Molesworth, P.A. 26/101 Ridge Rd., Damascus, Md. 20872														
	23. PART t. Enter the diseases, pr cr	T							Approxima						
	shock, or heart failure. L tMMEDIATE CAUSE (Final								interval Be Onsat and						
	disease or condition resulting in death)	Conguture DUOD (OR AS	wer.	failure					5 day						
		DUL DO (OR AS	A CONSEQUENCE	of:					- 1						
CATION	Sequentially list conditions, Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante Durante								Sday						
E	if any, leading to immediate cause. Enter UNDERLYING	00E 10 (0H As	A CONSEGUENCE	Or).											
4	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE	OF):											
TIFICA	regulting in death) (AST	resulting in death) LAST													
CERTIFICA	resulting in death) LAST														
CERTIFI		contributing to death	but not resultin	g in the undar	tying cause given in		ERFORMED?	Certhornal vasule and							
DICAL CERTIFI	PART II. Other significant conditions	mle acude	but not resultin	g in the undar	tying cause given in	P	ERFORMED?		OMPLETION OF C						
MEDICAL CERTIFI	PART II. Other significant conditions	contributing to death	but not resultin	g in the under	tying cause given in	P	ERFORMED?	0	OMPLETION OF C F DEATH?						
MEDICAL CERTIFI	PART II. Other significant conditions Centromana van Myrkin, miter GI blindry	mle acude	but not resultin			1_0 Y	ERFORMED?	0							
CIAN: MEDICAL CERTIFI	PART II. Other significant conditions	onle acodo	<u> </u>	OTHER:	8. PLACE OF DEATH (C	1 [] heck only one)	ERFORMED?	0	OMPLETION OF C F DEATH?						
SICIAN: MEDICAL CERTIFI	PART II. Other significant conditions Certificant via The prigner particular GI blucky 28. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpatient 2 ERVOL	rtpatient 3 □ DOA	OTHER: 4 Naturalng	6. PLACE OF DEATH (C	heck only one)	ERFORMED?	1	OMPLETION OF C F DEATH?						
PHYSICIAN: MEDICAL CERTIFI	PART II. Other algnificant conditions Certificant via Display process EL blucks 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 VES 2 VAO 27. MANNER OF DEATH 1 Vistural 5 Pending	HOSPITAL:	rtpatient 3 □ DOA	OTHER: 4 S Nursing	6. PLACE OF DEATH (C	heck only one)	ERFORMED? YES 2 NO	1	OMPLETION OF C F DEATH?						
ED BY PHYSICIAN: MEDICAL CERTIFI	PART II. Other significant conditions Ceuture via Di avigu, retur GI bludia 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YNO 27. MANNER OF DEATH 1 YISSURES 5 Pending	HOSPITAL: 1 Inpatient 2 ERVOL	ripetient 3 DOA 28b. 1	OTHER: 4 Noursing IME OF 28ci	Home 5 Assidence Linjury AT WORK? YES 2 NO	heck only one) 6 Other (Spect	ERFORMED? YES 2 ANO NO NO NO NO NO NO NO NO NO	O 1	OMPLETION OF C F DEATH?						
TED BY PHYSICIAN: MEDICAL CERTIFI	PART II. Other significant conditions Culture III. VI. District III. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER CERTIFINIAL BAYOUT 29a. CERTIFIER CERTIFINIAL BAYOUT 29a. CERTIFIER CERTIFINIAL BAYOUT 29a. CERTIFIER	HOSPITAL: Impatient 2 ERVOR (Month, Day, Year, 26e. PLACE OF INJUIT building, etc. (Sc	rtpatient 3 DOA (28b. 7 RY — At home, farr	OTHER: 4 S/Nursing SINJURY M 1 n, street, factory,	Home 5 Residence: NORY AT WORK? YES 2 NO	heck only one) 6 Other (Special 28d, DESCRIBE 28d, LOCATION (City or Town,	PYES 2 NO NO NO NO NO NO NO NO NO NO	0 1 JRED	OMPLETION OF C F DEATH?						
ED BY PHYSICIAN: MEDICAL CERTIFI	PART II. Other significant conditions Culture III. PART III. Other significant conditions Culture III. PART III. Other significant conditions Culture III. Standard III. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YNO 27. MANNER OF DEATH 1 Yes 2 YNO 27. MANNER OF DEATH 1 Yes 2 YNO 28. Centifier III. Centifying Physic (Check only) 29a. CERTIFIER III. CERTIFYING PHYSIC (Check only)	HOSPITAL: Impatient 2 ER/Ou 26e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR	ripatient 3 DOA 28b. 1 37 — At home, farr ocity)	20THER: 4 EVAuraing TIME OF 28c INJURY M 1 n, street, factory,	Home 5 Residence:INJURY AT WORK?YES 2 NO office	heck only one) 6 Other (Special 28d, DESCRIBE 28f, LOCATION (City or Town, to the cause(s) at	PYES 2 NO NO NO NO NO NO NO NO NO NO NO NO NO NO N	URED or Rural Rou	OMPLETION OF 6 F DEATH? YES 2 Co-						

18111 Prince Philip Dr., Olney, Md. 20832

ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

Arthur Schoengold, M.D.

13146,	
BOX	
P.0.	
RECORDS,	
- VITAL	
ON OF	
DIVISIO	

HYSICIAN: The law requires that the death certificate be executed within 24 rours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Place 1. 2. 3.5 million by the funeral director, page 5 should be detached for use as the bunial-transit permit. Place 1. 2. 3.5 million by the funeral director, page 1. 2. 3.5 million by the funeral director and place 1. 3. 3.5 million by the funeral director and place 1. 3. 3.5 million by the funeral director and place 1. 3. 3.5 million by the funeral director and place 1. 3. 3.5 million by the funeral director and place 1. 3. 3.5 million by the funeral director and place 1. 3. 3.5 million by the funeral director and place 1. 3. 3.5 million by the funeral director and place 1. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician has find writing 20 hours after death with the State Dam of Health and Mental Honline prior.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other trau

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENI
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE OF REGISTRAR	MARYLAND / DEPARTM CERTIFIC			ENTAL HYGIENE REG. NO.			
	1. DECEMENT'S NAME (First, Middle, Last) RICHARD BA	Richard (NMN) RTGUS	BARTG:	IS	2. DATE OF OEATH DAY	90 STEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 2 (4-16-048) 15M 2 - F	69 YRS. MO	UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Mogth, D. 13/2	Country	PLACE (State or Foreign 1) 1and	
OR	90. FACILITY NAME (If not institution, give street and number) Frederick Memorial Hosp	I	,	RLOCATION OF DEA	IN 9	e. COUNTY OF DI	derick	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCAT	ON			10d. INSIDE CITY	
	Maryland Frederick		Frederi	.ck			LIMITS?	
FUNERAL	10e. STREET AND NUMBER		10f. ZIP CODE		.1	10g. CITIZEN OF WHAT COUNTRY?		
NS		NT EVER IN U.S. ARMED			ORIGIN? (Specify Yes or	No. 14. RACE	- American Indian,	
B	3 Widowed 4 Divorced World	1 X YES 2 □NO WAR OR DATES War II		ecify Cuban, Maxican, 2 NO Specify:	Puerto Rican, etc.)	Specif	, white, etc. by: White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. OECEDENT'S US (Give kind of work We. Do NOT use re	done during mo:	N at of working	16b. KINO OF BUSIN	ESS/INDUSTRY		
APLE	Elementary/Secondary (0-12) College (1-4 or :		enter		Constru	ction C	Company	
	17. FATHER'S NAME (First, Middle, Last) Lut.	her V. Bartg	: 6		E (First, Middle, Maiden Sur			
BE	19a. INFORMANT'S NAME (Typo/Print)			E1 nd Number or Rural Ro	La R. Wa	State, Zip Code)		
2	Mrs. Effie M. Bartgis	6445 Q	uinn Ro	ad, Fred	erick, Md.	21701		
	20a. METNOD OF DISPOSITION 1/1 Burial 2 □ Cremation 3 □ Ramoval from State 4 □ Donalion 5 □ Other (Specify)	20b. PLACE OF DISPOSITION (c) Place) Resthaven				TION — City or To		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AN	O ADDRESS OF FACI	LITY	rick, M		
	I Allan H Ru	M00703			ord P.A. Fu			
	23. PART i. Enter the diseases, or complications it abock, or heert feilure. Liet only one disease or condition resulting in death) DUE 1	use on each line.		de of dying, auch		tory arreat,	Approximate Interval Between Onset and Death	
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	O (OR AS A CONSEQUENCE OF): O (OR AS A CONSEQUENCE OF):						
	d.							
PHYSICIAN: MEDICAL	PART II. Other aignificent conditions contributing	to deeth but not reaulting in t	the underlying	g cause given in P	PERFORME 1 YES 2	EO?	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		28. PL	ACE OF DEATH (Chec	ck only one)			
HYSI	1 VES 2 NO 1 Inpetient 2 27. MANNER OF DEATH 28s. DATE	ER/Outpatient 3 DOA 4	☐ Nursing Hom	e 8 🗆 Rasidenca 8	Other (Specify) 28d. DESCRIBE HOW INJ	URY OCCURED		
ВУ Р	Natural 5 Pending (Month,	Day, Year) INJUR	Y WO	RK? /ES 2 NO				
COMPLETED	3 Suicide 28e. PLACE	OF INJURY — At home, farm, stre g, etc. (Specify)			81. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)			
APLE	29a. CERTIFIER (Check only one) CERTIFYING PNYSICIAN: To the best one)							
	2 MEDICAL EXAMINER: On the basis of	examination and/or investigation,	In my opinion, d	esth occured at the t		29d. DATE SIGNED		
TO BE	Edisof Kul	MISS OF DEATH STOM OF STORY	-death	MD D3	6649	> 7/Z	3196	
	Edward P. Ri	USE OF DEATH (ITEM 27) (Type, Pr	310	w 9	The ST F.	red A	10515 an	
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 60								

ere o - ,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the lospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	examiner must be notified at once.	IMPORTANT: It liem 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page	(1), (1), (1), (1), (1), (1), (1), (1),	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	he funeral director, page 5 should be detached for use as the burial-transit permit. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by
	ir death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
I, Middle, Last)		2. DATE OF DEATH

FOR STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND	MENTAL HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, A	Hallie Lenora	BROWN		2. DATE OF DEATH MONTH DAY July 25, 199	3. TIME OF DEATH 7:30 AM M		
4. SOCIAL SECURITY NUMBER 217-42-9177	1 M 2 XF 78	3 YRS. MONT		7. DATE OF BIRTH (Month, Day, Year) July 9, 1912			
99. FACILITY NAME (If not instinated as 9324 Cabba RESIDENCE OF DECE	age Run Road	96. (Frederick	EATH 9c. (Frederick		
	ob. COUNTY Frederick		n or Location ederick		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
10e. STREET AND NUMBER	age Run Road		101. ZIP CODE 21701	10g.	CITIZEN OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Merried 2 M 3 Widowed 4 Divorce	12. WAS DECEDENT EVER IN FORCES? 1 YES	2.7.100	13. WAS DECENDENT OF HISPAI If yea, specify Cuban, Maxico 1 YES 2 NO Specif	en, Puerto Rican, atc.)			
15. DECEI (Specify only I Elementery/Secondary (0-1 11 17. FATHER'S NAME (First, Mid-	DENT'S EDUCATION sighest grade completed) College (1-4 or 5+)	16a. DECEDENT'S USUA (Give kind of work de life. Do NOT use retin	ne during most of working ed.)	16b. KIND OF BUSINESS			
Dave	Burrier		Flor	AME (First, Middle, Maiden Surnar Cence Hoffman			
Gary R. B	rown	9221 Oak	ESS (Street and Number or Rural Tree Circle (Name of cemetery, crematory or	Frederick, !	Md. 21701		
1 Burlel 2 Cremetion 4 Donation 5 Other (S	3 ☐ Removal from State	Union Chape	1 Cemetery	Libe:	n - City or Town, State rtytown, Maryland		
	PUI	0255		Basford P.A.	Funeral Home erick, Md. 21701		
Sequentielly list condition if any, leading to immedicate. Enter UNDERLYIN CAUSE (Disease or injurthat inhibited events resulting in death) LAST	ate G	CONSEQUENCE OF):	REST for	m organd:	Interval Between Onset end Death		
PART ii. Other aignifican	d. conditions contributing to death b	out not resulting in the	underlying ceuse given in	1 Part i. 24e. WAS AN AUTO PERFORMED? 1 VES 2 N	AMAILABLE PRIOR TO		
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL HOSPITAL:		26. PLACE OF DEATH (C	heck only one)			
1 □ YES 2 ∯ NO 27. MANNER OF DEATH 1 ☑ Netural 5 □ P	1 Inpetient 2 ER/Outs 26e. DATE OF INJURY (Month, Day, Year)		HER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW INJURN	Y OCCURED		
O O delete	28e. PLACE OF INJURY building, atc. (Spectrumined	— At home, ferm, street,	factory, office	28f. LOCATION (Street and Nu City or Town, State)	imber of Rural Route Number,		
29b. SIGNATURE AND TITLE (k. Nove	n end/or investigation, in	ny opinion, death occured at the	e time, date and place, and due			
Dr.	PERSON WHO COMPLETED CAUSE OF DE Prafull K. Dave 1922. REGISTRAR'S SIGN 1990 Julie Swilson	18	38 Thomas John	nson Dr., Fre	derick, Md. 21702		
10 26	yyu guha handon-1	anata					

E .

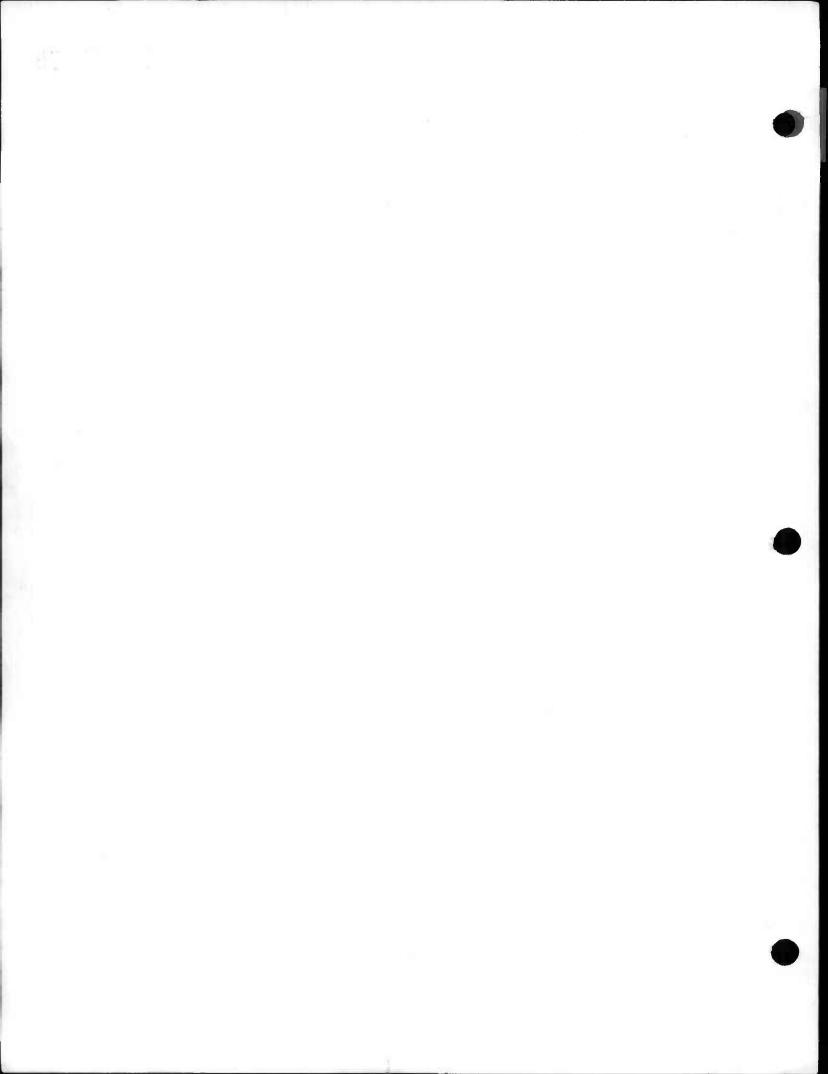
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMORE, A	DALI IMORE, MARTLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	5 should be detached for use as the burial-transit per
IMPORTANT: II Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	notified at once.

*90

32. REGISTRAR'S SIGNATURE
Julia Davidson Randall

31. DATE FILED (Month,

	1 SIAIE	TATE OF MARYLA					E	
	1. OECEOENT'S NAME (First, Middle, Last)	L, B,	CERTIFIC COLUMN	AIE OF	DEATH	REG. NO. 2. DATE OF DEATH MONTH 7 - 20	2-199	3. TIME OF DEATH
		M 2 1 96	YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) June 8, 18	394 N	BIRTHPLACE (State or Foreign Country) North Carolina
TOR	99. FACILITY NAME (If not institution, give street as WILSON HRAITH CAN RESIDENCE OF DECEDENT	re Certe		SAITHE	R LOCATION OF DE	ATH	menty	
L DIRECTOR	Maryland Mo:	ntgomery		Silver			44-077774	10d. INSIDE CITY LIMITS? XX YES 2 NO OF WHAT COUNTRY?
FUNERAL		htview Stre	et	101.	ZIP CODE			JSA
B	1 Never Married 2 Married	WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 X NO	If yes, spe		IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No— 14.	RACE — Americen Indien, Black, While, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete		16a. DECEDENT'S USI (Give kind of work We. Do NOT use re House	done during mo tired.)	N at of working	16b. KIND OF BUS		RY
	17. FATHER'S NAME (First, Middle, Last) Ric	chard M. Ho	lloway			ME (First, Middle, Melden	Surname)	
TO BE	19e. INFORMANT'S NAME (Type/Print) Richard W. Brown					ce, Chevy		
	20s. METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Removal fi	from State 1 1	PLACE OF DISPOSITION	ON (Name of cen	netery, cremetory or			Md . 20815 or Town, State
	4 Donetion 6 Other (Specify)	C	edar Hill		ETY D ADDRESS OF FAC		uitlan	d, Maryland
	Louis L. S	hant		Hines	Rinaldi	Funeral H		g, Md. 20904
	23. PART I. Enter the diseases, or compahock, or heart failure. List of immediate cause (Final disease or condition resulting in death)	Pneun		enter the mo	de of dying, suct	n aa cardiac or respi	retory arrest	Approximats Interval Between Onset and Death Bays
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF):					
PHYSICIAN: MEDICAL C	DSTED arthr	ntributing to death bu	t not resulting in 1	n tria	cause given in	Part I. 24a, WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN		OSPITAL:		THER:	ACE OF DEATH (Che			
	27. MANNER OF DEATH 1. Netural 6 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c, IN.		28d. DESCRIBE HOW I	NJURY OCCUR	ED
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif	At home, ferm, stre			261. LOCATION (Street and City or Town, State)	and Number or i	Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On							suse(s) end manner es stated.
D BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	2/1/2	252		29c. LICENSE NUN	- 1		GNED (Morith, Day, Year) -27-90



1 - FOR STATE REGISTRAR

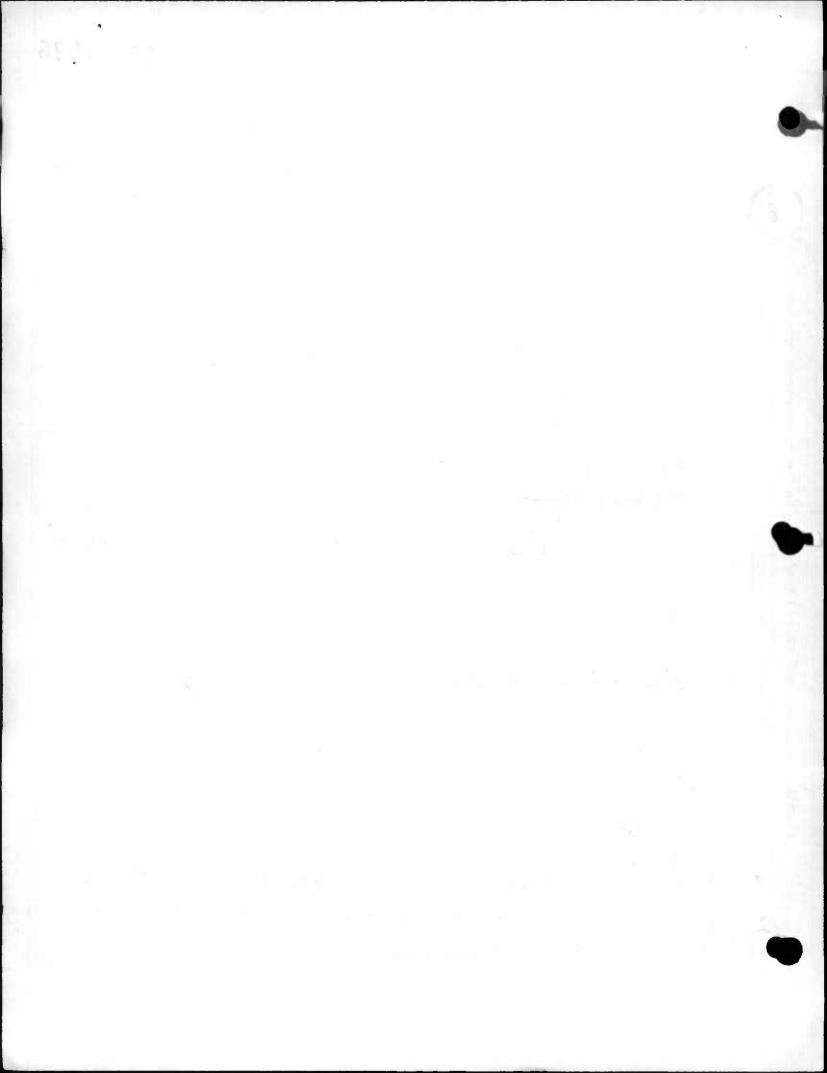
		1. DECEDENT'S NAME (First,	Middle, Last)								2 DATE	OF DEATH		1	. TIME OF DEATH
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		4. SOCIAL SECURITY NUMBER	ER	5. SEX	4	s. last birthday)	IE UNDEI	R 1 YEAR	IF UNDER	-	7 DATE	OF BIRTH			ACE (State or Foreign
		Description of the second		1 M 2 F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month	, Day, Year)	. 1	Country)	
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100	S	MESIDENCE OF DEC	10b, COUNTY			10c. CI	ry, rown	OR LOCA	TION					1,	Od. INSIDE CITY
7	DIRECTOR	Maryland		nce Geo	rass		reen								LIMITS?
Ĭ į		10a. STREET AND NUMBER			rges	7 0.			f. ZIP CODE	E			10g. CITIZE		AT COUNTRY?
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al-trar	3	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S	. ARMED		WAS DE	CENDENT O	F HISPAN		? (Specify Yes		4. RACE -	American Indian,
pnu	1 1	1 Never Married 2		FORCES? 1	MAR OR DATES	NO			B 2 NO			Rican, atc.)		Specify:	White, atc.
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of for	COMPLET	Elementary/Secondary (0	-12)	College (1-4 or 5	+)	Plan	e Ph	ysi	olog	ist		Dept.	of A	Agri	culture
detache	NO.	17. FATHER'S NAME (First, M	iddle, Last)	3 /		1 14		~_			_	Middle, Malden			-
at be	_	Millar		Beall					Is	abe	lla	E,	,		
5 should notified) BE	19a. INFORMANT'S NAME (1	ype/Print)			19b. MAILIN	G ADDRES	SS (Street	and Number	or Rural	Royte Num	per, Chy or Town	n State Zip C	F 10Po	, 20716
e 5 s	유	Millard	L. Be	all lll	L	3515	Chu	irch	ra.	, IV	II tc	иетат	TIE,	PICE .	, 20,120
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irector, p		4 Donation 5 Other	(Specify)		Ft	· Lin		_				Br	entw	ood,	L HOME
e funeral dir examiner		21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE Cla	nk.				ND ADDRES						sh., D.C.
al.		Willia	m S.	Clark			4	254	Cari	COTI	LSt	• • 14 •	11 . ,	was	,, 2.01
of in by the funeral director, page 5 should be detached for or removal. medical examiner must be notified at once.		23. PART I. Enter the d					not anta	r tha m	oda of dyl	Ing, auc	h as care	dac or reapl	ratory arre	at,	Approximate
DOF		shock, or haert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition													
nation t, th		disease or condition resulting in death)	→	8	Gur	nshot	wound	d to	Head	i					
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phys her	[윤]	CAUSE (Disease or Injut that initiated events	iry	DUE TO	OR AS A CO	NSEOUENCE	DF):								1
the attending physician and completely filled Mental Hyglene prior to burial, cremation, njury, or other traumatic event, the	CERTIFICATION	resulting in death) LAS	т [d											
Mental Merrial		PART II. Other algorifica	nt condition	s contributing to	death but i	not resulting	In the u	ındəriyli	on course /	alven in	Part I	24s, WAS AN	AUTOREV	24b V	VERE AUTOPSY FINDINGS
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COSTIGAT. Un al Intumona Prinsious, the aw roy FUNEAU DIBECTOR. After this certificate has been within 72 hours after death with the State Dept. of ITANT: If Item 28 is marked, or Item 23 sho		4 Homicide	detarmined		7	ome					Prin	Ridde ice Ge	orges	Co.	enbelt,
Pour Per	COMPLET		TIFYING PHYSI	CIAN: To the best o	f my knowledg	je, death occu	rred at the	time, da	ta and place	, and due	to the ca	use(a) and ma	nner aa state	d.	
NERA MI Z	S S	one) 2 MEO	ICAL EXAMINE	R: On the beals of	examination an	nd/or investiga	lon, in my	opinion,	death occu	red at the	time, date	and place, ar	nd due to the	cause(a)	and manner as stated.
TO THE FUNERA DE filed within 7 IMPORTANT: I	m o	296 MIGNATURE AND TITLE	OF CENTIFIES	- 01	ON	n	. 1		25c. LICI	ENSE NU	7.7		29d. DATE		Month, Day, Year)
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	유	30. NAME AND ADDRESS O	-					Danie	CF			D=1.4-	imore	DA.J	21 201
0		Mario F. C					111	renr	St.			Bait.	пюте	, Ma	. 21201
		31. DATE FILED (Month, Day,	90	32. REGISTR	ha David	IRE הל	1.00								
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cetificate be executed within 22 after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
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	2	2	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	E	

STATE O	F	MARYLAND	DEPARTI	WENT C)F I	HEALTH	AND	MENTAL	HYG	IENE
		C	ERTIFIC	ATE	<u>OF</u>	DEAT	H		REG.	NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			ENTAL HYGIEN	E		
1. DECEDENT'S NAME (First, Middle Dennis	Richard Bow	man			2. DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DAT	1/9	YEAR	TIME OF DEATH 11:40 AM M
4. SOCIAL SECURITY NUMBER 216-82-0905 98. FACILITY NAME (If not institution	1 🔀 M 2 🗆 F 29	YRS. MOH	-	URS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept.17,19		Country)	ngton, D.C.
4600 Wilwyn W	Vay		Rockvi	11e		ry		
10a. STATE 10b.	Montgomery		own or location			1 (d. INSIDE CITY LIMITS? YES 2 K NO	
4600 Wilwyn V	Jav		101. 211	0852			ed St	T COUNTRY?
10e. STREET AND NUMBER 4600 Wilwyn V 11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced	12. WAS DECEDENT EVER	2 XNO	13. WAS DECEND	ENT OF HISPANIC	ORIGIN? (Specify Year Puerto Ricen, etc.)		14. RACE — Black, W Specify:	American Indian, hita, atc. WHite
15. DECEDENT (Specify only higher (Specify only higher Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, L	'S EDUCATION st grade completed) College (1-4 or 5+)	16a DECEDENT'S USU (Give kind of work life, Do NOT use rel Plastics	done during most of fired.)		Defens		USTRY	
17. FATHER'S NAME (First, Middle, L	•	TITUSCICS		MOTHER'S NAM	E (First, Middle, Maiden	Sumeme)		
Kichard Bo		105 MAN INC AD	DBERS (Ottool and I		ara Ann Y			
P Richard Bo			as #10	umber or nurer no	ute Number, City or low	n, State, ZIP	C000)	
20a, METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3	☐ Removat from State	b. PLACE OF DISPOSITIO			17.00		City or Town,	
4 Donation 6 Other (Special Schart Ins. or FUNERAL SCH	,,	edar Hill	10 Eas	t Deer	UTY DeVol Park Drive Maryland	Funer e	al Ho	aryland me
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST		A CONSEQUENCE OF): A CONSEQUENCE OF):	nus R	efren	. Jane	h-		Monts
PART II. Other algnificant co	anditions contributing to deeth		he underlying c	iuse given in P	Part I. 24a. WAS AN PERFO!	MED?	CC	ERE AUTOPSY FINDINGS BALABLE PRIOR TO DMPLETION DF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED TO MED	HOSPITAL:	0	26, PLAC	OF DEATH (Chec	ck only one)			
	1 Inpatient 2 ER/Ou 26a. DATE OF INJURY (Morith, Day, Year)	tpatient 3 DOA 4	Nursing Home	AT	Other (Specify) 28d. DESCRIBE HOW	NJURY OCC	CURED	
ACCIONAL TO ACCIONAL	not be 28e. PLACE OF INJUF building, etc. (Sp	IY — At home, farm, stree ectly)	at, factory, offica		281. LOCATION (Street City or Town, State)		or Rural Rou	te Number,
CONDUCTORING TO THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH	G PHYSICIAN: To the best of my kno EXAMINER: On the bests of examinati							nd menner as stated.
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Joel R. Schulz 31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	410 Old Ge	orgetown	Road	Bethesda,	Mary	land	20814
JUL30	90 Julia Da	vidson-Randoll	2					DHMH-16 Rev 1



_		FOR STATE REGISTRAR		STATE OF I	MARYLA	ND /	DEPAR	TMENT	OF H	EALTH /	AND M	IENTAL	HYGIENI REG. NO.	E		21311
		1. DECEDENT'S NAME (First,	Middle, Lest)	RUTH	Brad					kett	T	2. DATE MONTH	OF OEATH		YEAR	3. TIME OF OEATH
		4. SOCIAL SECURITY NUMB 219-48-55	88	5. SEX 1	8. AGE (II	yrs. last	birthday)	IF UNDER	DAYS	IF UNDER 2 HOURS	24 HRS. MIN.	(Month	OF BIRTH , Dey, Year)	,	Country	PLACE (State or Foreign
	ECTOR	98. FACILITY NAME (If not in 316 Boyd RESIDENCE OF DEC	Avenu							a Pa		ATH		9c. COUNT		mery
25	CC II	10e. STATE Maryland	10b. COUNTY	gomery	7			oma								10d. INSIDE CITY LIMITS? 1 X YES 2 NO
46 physician. bunal-transit permit.	FUNERAL	316 Boy							9000	209	12			U	S A	HAT COUNTRY?
03-3146 attending physician. se as the burial-trar	BY FU	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	Married	12. WAS DECEDEN FORCES? 1	YES	2 N	MED IO	H	yes, sp	ENDENT OF scify Cuban, 2 X NO	, Mexican	, Puarto F	? (Specify Yea Rican, etc.)	or No—	Specif	— American Indian, White, atc.
21203- ttal or attend f for use as	LETED		EDENT'S EDUCA y highest grade co	ompleted) College (1-4 or 5	+)	(Gi	Do NOT us	rork done d e retired.)	CUPATIO	ON st of working	7		KIND OF BUS		STRY	
# # # F	E COMPL	17. FATHER'S NAME (First, M Johann		3.	Uni	tie	mema d	ker		1000	er's NAN	AE (First, A	Own ho		er	
MARY be retained ge 5 should	10 B	19a. INFORMANT'S NAME (I	ypa/Print)			19t	. MAILING				or Rural R		per, City or Town	344		20912
ORE,		20a. METHOD OF OISPOSIT Burlal 2 Conflatto Denation 5	(Specify)			PLACE other pla	OF DISPOS	Wast	ne of cer	netery, creme	atory or	n.		CATION — C		vn, State
		KENDALI 23. PART I. Enter the d	L BURN	EY VAN	CIL	eil the de	eth Don	25	AKC	MA F	FUNE 011	RAL St.		WV	Vash	DC. 2001
D O E			eert feliure. Li	et only one ca		ich line	Ince	r,	Sto		((i as cerc	лас от теери	ratory arre	,	Interval Between Oneet and Death
O. BOX 13: certificate be execu- fing physician and hygiene prior to bur other traumatic	CERTIFICATION	Sequentielly list condit if any, leading to imme ceuse. Enter UNDERLY! CAUSE (Disease or inju- that initiated events resulting in death) LAS	diate iNG ury c.		O (OR AS A											
the of the Me	MEDICAL CE	PART II. Other eignifica	ant conditione	contributing to	death b	ut not r	esulting i	in the un	derlyin	g ceuse gi	jiven in l	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
VITAL RI	PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?		HOSPITAL:				OTHER	₹:	LACE OF DE						
OF VITAL PHYSICIAN: The la this certificate has n with the State De	- 8		Pending	1 Inpatient 2 26a. DATE 0 (Month,		atient 3	28b, TIM	-	28c. IN.	URY AT ORK?			F (Specify)	NJURY OCC	URED	
SIO TENDI OR: A	TED BY	a David	Investigation Could not be determined	26e. PLACE building	OF INJURY	— At ho	me, farm, :	street, faci					ATION (Street a or Town, State)		or Rural R	loute Number,
DIV HOSPITAL DR A FUNERAL DIREC within 72 hours	COMPLET	onel -		IAN: To the best of) and menner as stated.
TO THE HOSPITAL TO THE FUNERAL Be filed within 72 IMPORTANT: If	O BE C	29b. SIGNATURE AND TITE	OF CERTIFIER							29c. LICE	ense nun 4730			29d. DATE		(Month, Day, Year) 28-90

31. DATE FILED (Month, Day 1907) 90

32. REGISTRAR'S SIGNATURE

JULY 900 900 32. REGISTRAR'S SIGNATURE

JULY 900 900 32. REGISTRAR'S SIGNATURE

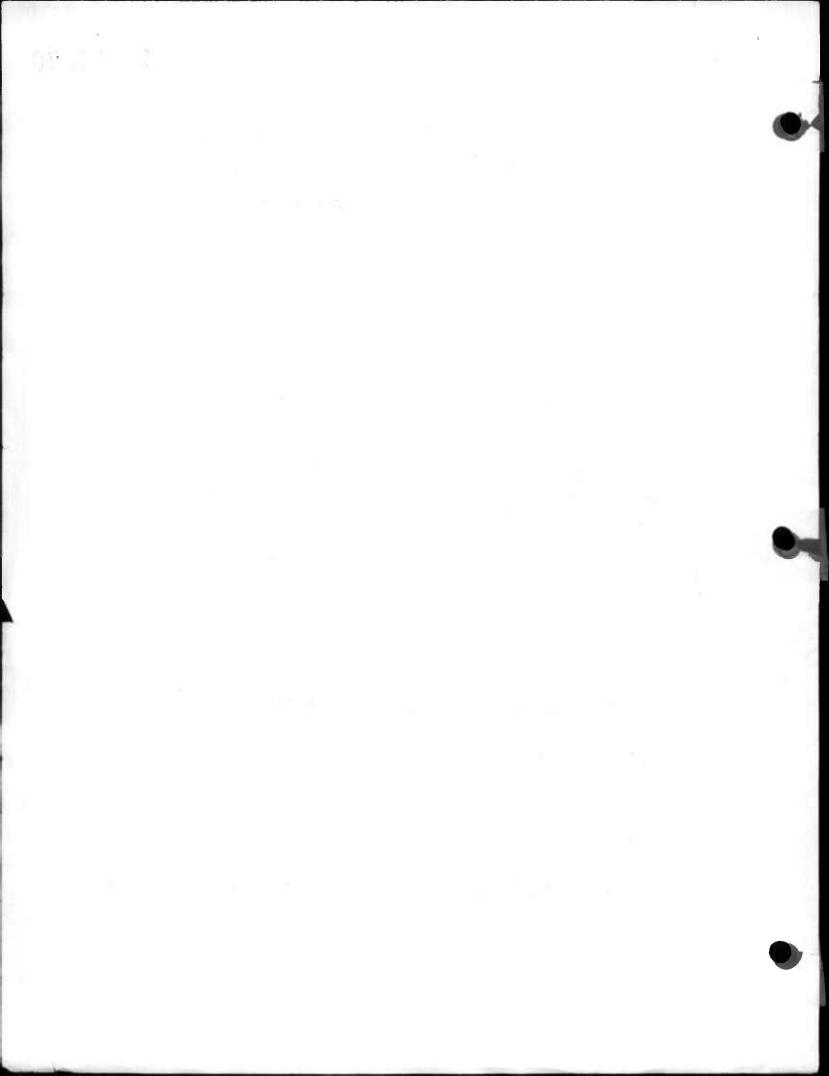
Road # 201 Clinton, MD 20735

and the second second

STATE OF MA	RYLAND / DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CERTIFICATE	OF DEA	ГН		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Leat) C. Elizabe	th Borger	_ f:			2. DATE OF DEATH DA July 28,	, 1990 ,	3. TIME OF DEATH 8:10 A M
	4. SOCIAL SECURITY NUMBER 5.	SEX 8. AGE (II		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
	176 01 7512	□ M 2 J&F	96 YRS.	MONTHS DAYS	HOURS MIN.	Jan. 15,1		ennsylvania
	9s. FACILITY NAME (If not institution, give street	and number)		9b. CITY, TOWN	OR LOCATION OF DI	EATH	9c. COUNTY	OF OEATH
5	Washington Adventi	st Hospital	-	Take	oma Park		Mont	gomery
5	RESIDENCE OF DECEDENT		40° CITA	TOWN OR LOC	TION			
DIRECTOR	Maryland Montgo	morii		nsingto				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	mery	, ke		Of, ZIP CODE	-	40- 0171751	1 YES 2 XNO
¥	11103 West Avenue				20895			ed States
		. WAS OECEDENT EVER IN	II S ADMED	12 WAS OF		NIC ORIGIN? (Specify Yes		. RACE — American Indian.
BT FUNERAL	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yee, s		m, Puerto Rican, etc.)	0 NO 14	Black, White, etc. Specify: White
COMPLEIED	15. DECEDENT'S EDUCATI (Specify only highest grade con	ION	18a. DECEDENT'S U	ISUAL OCCUPAT	ION	16b. KIND OF BUS	SINESS/INDUS	TRY
ų		College (1-4 or 5+)	Ille. Do NOT use	retired.)	ost of working			
2	8	-	Homema	ker			Own Ho	ome
5	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meiden	Surname)	
ע	Warren Shaffner				Cora			Available
5	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Town		,
-	Martin Borger					nsington,		
	20a, METHOD OF DISPOSITION 1 Burlel 2 □ Cremation 3 □ Remova	from State	other place)	,	emetery, crematory or	Tra	chsvil	
	4 Donation 5 Other (Specify)		rachsvil				nnsylv	
	1 1 Dit	моо	689	Home	/Rockvil	le, Inc. 3 ille, Mary	00 Wes	mphrey Funeral t Montgomery 0850-2805
CERTIFICATION	23. PAINT Letter the diseases, or commonk, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	DUE TO (OR AS A	ich line.	erd :	lseces.		retory arrea	t, Approximate Interval Between Onset and Death
SICIAN: MEDICAL C	PART II. Other significent conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the con	contributing to death by	Naled ASP	o M	ng ceuse given in	PERFOR	MEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
2		OSPITAL:	otlent 3 DOA	OTHER:	me 5 🗆 Residence	A CONTRACTOR OF THE		
H	27. MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. I	JURY AT	28d. DEŞCRIBE HOW I	NJURY OCCU	RED
-	1 Natural 5 Pending 2 Accident Investigation	(MORRI, Dey, 1981)	I MAG		YES 2 NO			
EDB	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec		treet, factory, of	ice	281. LOCATION (Street City or Town, State)		Rural Route Number,
COMPLEIED	onel	IN: To the best of my knowl On the basis of examination						cause(s) end manner as stated.
O BE	290. ONENATURE AND TITLE OF CERTIFIER	Om)		D 22	129	29d. DATE 8	SIGNED (Month, Day, Year)
	John Eilate	J- WO	ATH (ITEM 27) (Typo,	Print) Pre	spenity	Drive,	Silve	er Spring Md
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	idson-Rand	100	1 6			20904





TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached he shall writen 20 hours after death with the State perior of health and Mental Holiete Drior to Burial, cremation, or removal.	IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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ath ce	tendir	10
e de	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the face within 72 hours after death with the State Dect of Health and Mental Honeire prior to burial, cremation, or removal.	yary.
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2	22	3 =

	1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIENE REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Lest)	BI	ackso	on		2. DATE OF DEATH DAY	1 9	0 8:10 m					
	4. SOCIAL SECURITY NUMBER 222-01-1578		(In yrs. last birthday) 99 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Pay Year) 3-11-18	91 Mt	ountry) Pleasent					
	9a. FACILITY NAME (If not institution, give			9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY OF DEATH DE						
R	Union Hospi	tal			Elkton		Ce	cil					
DIRECTOR	RESIDENCE OF DECEDENT												
IRE	10a. STATE 10b. COUNT		10c. Cl	TY, TOWN OR LOCA				10d. INSIDE CITY LIMITS?					
	De. New	Castle			Letown		10- 0171751	1 YES 2 NO					
RA	4579 Summit	Pridae Po	29	10	21709	0		S.A.					
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I		13. WAS DEC		HC ORIGIN? (Specify Year	-	RACE — American Indian,					
	1 Never Married 2 Married	2 🗙 🕦	If yes, sp		n, Puerto Ricen, etc.)		Bleck, White, etc.						
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D		1	XX			Specify: Black					
CED	15. DECEDENT'S EDI (Specify only highest grad	JCATION le completed)	(Give kind of	S USUAL OCCUPATION WORK done during me	ON ast of working	16b. KIND OF BUSI	NESS/INDUSTR	RY					
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT	use retired.)		Will	wiro						
COMPLET	5	(Seneral			worke	ľ						
	17. FATHER'S NAME (First, Middle, Last) David Chand				ME (First, Middle, Maiden S zabeth un								
BE		Ter	T 405 48411 (01	C ADDRESS (Common									
2	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Frances Hopkins 4579 Summit Bridge Rd Middletown, De. 21709												
	20. METHOD OF DESCRIPTION (See all control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the C												
- 11	1- Buriel 2 Cremation 3 Rer	noval from State	other place)	Cemete				n, De					
	21, SIGNATURE OF FUNERAL SERVICE L	CENSEE	Dates		ND ADDRESS OF FA			lain St.,					
	-	-/e	-	Gee	Funeral	Homo		Md. 21921					
	23. PART I. Enter the liseases, or	complications that cause. List only one cause on a	d the death. Do	not anter the me	oda of dying, suc	h as cardisc or respir	story arrest,	Approximeta Interval Batween					
Z	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Out to make the consequence of: Onset and Death Onset and Death												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
EDICAL C	PART II. Other significant condition	but not resulting	g cause given in	Part I. 24a. WAS AN A PERFORI	WED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
ME								1 [YES 2 NO					
AN.		1											
0	EXAMINER?												
PHYSICIAN	1 YES 2 NO	1 Inpetient 2 ER/Out				6 Other (Specify)							
	27. MANNER OF DEATH 1 Natural 6 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. Ti	NJURY W	JURY AT ORK?	28d. DEŞCRIBE HOW IN	JURY OCCURE	:0					
ВУ	2 Accident Investigation	28a PLACE OF INJUR	V — At home form	M 1 YES 2 NO arm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number,									
ED	3 Suicide S Could not be 4 Homicide determined	building, etc. (Spi	ecify)	, attent, factor J, Office		City or Town, State)	TO PROPERTY OF THE	arei riode (turnos,					
LET	29a. CERTIFIER												
COMPLET	CORROCK OTHY	SICIAN: To the best of my know NER: On the basic of examinati						ruse(e) end manner as stated.					
	29b, SIGNATURE AND TITLE OF CERTIFI				29c, LICENSE NUI			GNED (Month, Day, Year)					
BE	V	July 10			719	043	DATE SIL	1) VIO					
5	0010-00-4	THO COMPLETED CAUSE OF D	EATH (ITEM 27) (Ty)	De, Print)	10	UTJ		1~112					
	Kenneth	Lewis	,	M.D.	m	iddle +	2 wm	Do/					
	31. DATE FILED (Maying Day (1947)	PEGISTRAR'S SIG	NATURE MANUELLE					7,707					

THE HINCOTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate he executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examine
THE HOSPITAL OR	TO THE FUNERAL DIRE	be filed within 72 hour	IMPORTANT: If Item

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest) R	auth E.	Breitenba		DEATH		DAY 1	3. TIME OF D	EATH			
					T	July 21			М			
	217-05-3868	1 □ M 2 🔀 F	76 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HR	Jan. 14,	1914	BIRTHPLACE (State of Country) Maryland	r Foreign			
TOR	9e. FACILITY NAME (# not institution, give stre Union Hospital of			Elkton	OR LOCATION OF	DEATH	9c. COUNT	OF DEATH				
DIRECTOR	100. STATE 10b. COUNTY Maryland Ceci			10d. INSIDE C LIMITS? 1 X YES 2								
FUNERAL	100. STREET AND NUMBER 150 East Main Str		U.S	N OF WHAT COUNTRY	n							
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	CENDENT OF HIS secify Cuben, Mei 2 X NO Sp	PANIC ORIGIN? (Specify to clean, Puerto Ricen, etc.) ecify:	fes or No — 14	Black, White, atc. Specify: White							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 7											
BE COM	17. FATHER'S NAME (First, Middle, Lest) Frederick C. Breitenbach 18. MOTHER'S NAME (First, Middle, Meiden Surneme) Ida V. Baker											
TO B	196. INFORMANT'S NAME (Type/Print) Dora V. Pearce					rel Route Number, City or To chool Road		cton, MD	21921			
	20e. METHOD OF DISPOSITION JULY 1	25, 1990 :	20b. PLACE OF DISPOSIT other place)					y or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Cherry Hill Methodist Cemetery Cherry Hill, Maryland 22. NAME AND ADDRESS OF FACILITY HICKS HOME for Funerals, P.A. Bow and Stockton Streets Fikton, MD 21921											
	23. PART I. Entar tha diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):											
ERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avents resulting in death) LAST											
0	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS											
MEDICAL						1 YES		OF DEATH?	OF CAUSE			
PHYSICIAN:		HOSPITAL:		THER:	LACE OF DEATH							
	27. MANNER OF DEATH 1 Netural 8 Pending	28e. DATE OF INJUR (Month, Day, Yea	Y 28b. TIME	OF 28c. INJ	URY AT ORK? YES 2 NO	28d. OEŞCRIBE HOV	INJURY OCCU	RED				
>-	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, offics building, stc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, factory, offics City or Town, State)											
TED BY	4 Homicide determined	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner se stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner se stated.										
	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICI								es stated.			

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

138 Cathedral Street

tie Davidson Randell

Yogish Patel, M.D.

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21921

Elkton, MD

NAME OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERS

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	1. DECED BEATING First, Migre Lances			В	Broadwater				2. DATE OF DEATH MONTHS LIPAY 90YEAR			3. TIME OF DEATH
	220-32-2738	BEA	5. SEX 1 M 2 M	6. AGE (In yrs. last	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	?. DATE O	7-1936		8. BIRTHP Country, MD	
	90. FACILITY SOMEWED		stref edunmber)			9b. CITY, TOWN Cumber:	DEATN		ATN T			
	RESIDENCE OF DE	Alle	rany		Cum	city town on Location um berland					T	10d. INSIDE CITY LIMITS?
	10. STREET AND NUMBER 436 Walnut Street					10	7. ZIP CODE			10g. CITIZ		HAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed XX Divorced 12. WAS DECEDENT EVER IN U.S. / FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES			YES 2 XN	MED	2 1 5 0 2 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 YES XX NO Specify:					14. RACE Black,	- American Indian, White, etc.
	(Specify only highest grade completed) [Specify only highest grade completed] [In the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the comple				Do NOT u	USUAL OCCUPATI work done during made retired.)	ON ost of working		KIND OF BUS		USTRY	
17. FATHER'S NAME (First, Middle, Last) Paul Charles Blake					cret	ary	18. MOTHER'S N	AME (First, N	liddle, Maiden	Sumame)	r Coi	nditioning
	19a. INFORMANT'S NAME David B. E		ater, Sr.				and Number or Rura 241 Cumb	I Route Numb	er, City or Town	, State, Zip		
	30a. METHOD OF DISPOS 1 Burlai 2 Cremat 4 Donation 5 Oth	er (Specify)		20b. PLACE	OF DISPO	SITION (Name of co	metery, cremetory of		20c. LOC	erla	City or Tow	0.00
1	21. SIGNATURE OF FUNER	AL SERVICE L	Z Wa	all	1.		erland,					
	23. PART i. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)	heert fellure	Arterio	e on sach ilne	ic He	eart Dis		rch as cerd	lec or respi	ratory srn	est,	Approximata Interval Betwe Onset and De
	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury c.											
	that initiated events resulting in death) LAST oue TO (OR AS A CONSEQUENCE OF): d.											
	PART II. Other significent conditions contributing to death but not result					ing in the underlying cause given in			24a. WAS AN PERFOR			WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
I	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:											
	YES 2 NO 1 Inpatient 2 ER/Outpetient 3					DOA 4 Nursing Home 5 Residence 18b. TIME OF NURSING WORK? M 1 YES 2 NO			(Specify)	NJURY OCC	CURED	
	/=		2 Accident Investigation 3 Suicide 8 Could not be determined determined					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				

AME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 22/7/pg - Print) and St Cumb Md 21502

32 REGISTRAR'S SOLAVERY

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RECORDS,
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VISION

	TO BE COMPLETED BY FUNERAL DIRECTOR
examiner must be notified at once.	TO BE COMPLET
hows any injury, or other traumatic event, the medical	MEDICAL CERTIFICATION
IMPORTANT: it item 28 is marked, or item 23 shows	O BE COMPLETED BY PHYSICIAN:

1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
1. DECEDENT'S NAME (First, Middle, Last) LAWRENCE	ALVA	BALLO	U		MC	ATE OF DEATH DAY	90	YEAR	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 217-10-1830	5. SEX 6. AGE (In		F UNDER 1 YEAR	IF UNDER 24 HR HOURS MIN	s. 7. D/	ATE OF BIRTH fonth, Day, Year) -20-1916		a. BIRTH Countr	IPI ACE (State or Foreign		
9a. FACILITY NAME (If not institution, give	street and number)	9	b. CITY, TOWN C	R LOCATION O	F DEATH		9c. COU	NTY OF D	EATH		
SACRED HEART I	IOSPITAL		CUMB	ERLAND	MD.		A	LLEG	ANY		
WV Mine			town on Locat Igeley,	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
100. STREET AND NUMBER ROUTE 1 Box 143 101. ZIP CODE 109. CITIZEN OF WHAT USA											
11. MARITAL STATUS 1 Never Married 2 Married						tiGIN? (Specify Yea into Rican, atc.)		14. RACI Black Spec	E — Americen Indien, k, Whita, etc.		
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES WILL 1 YES 2 200 Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify:								white			
Elementary/Secondary (0-12)	College (1-4 or 5+)		ipefitt			Textile					
17. FATHER'S NAME (First, Middle, Last) Clyde A. Ballo	ou		-	18. MOTHER'S	NAME (FI	rst, Middle, Meiden S	Sumeme)				
190. INFORMANT'S NAME (Type/Print) Mrs. Hazel Ball	.ou					Number, City or Town		Code)			
20e METHOD OF DISPOSITION 45 Burial 2 Cremation 3 Red 4 Donation 5 Other (Specify)		PLACE OF DISPOSIT other place) OCKY Gap	ION (Name of cer	netery, crematory	or	20c. LOC	ATION	one,	own, State MD		
	21. SIGNATUJE OF FUNERAL SERVICE LICENSEE					al Home 21502		-			
23. PART V Enter the diseases, or			t antar tha mo	de of dying,	such as	cardiac or reapir			Approximate		
iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (OR AS A OUE TO (OR AS A	Nep	end	a.		Farli	· ~	2	interval Between Onset and Death		
Sequentially list conditions,	S Tu	CONSEQUENCE OF):	outh	we	te	iii					
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	CONSEQUENCE OF):	. LOI	00							
that initiated events resulting in daath) LAST	OUE TO (OR AS A	CONSEQUENCE OF):									
PART II. Other aignificant condition	na contributing to death bu	t not resulting in	the underlyin	g cause giver	n in Part	J. 24a. WAS AN A		240	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
						1 _ YES 2	ONK		OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL			26. P	ACE OF DEATH	(Check on	nly one)					
EXAMINER?	HOSPITAL:	tient 3 DOA 4	OTHER:		nca 6 🗆	Other (Specify)					
27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	RY WO	URY AT PRK? YES 2 NO		, DEŞCRIBE HOW II	IJURY OC	CURED			
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datermined	28s. PLACE OF INJURY building, etc. (Speci	6	28f.	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
CONDON ONLY	SICIAN: To the best of my knowle								a) and manner as stated.		
29b. SIGNATURE AND TITLE OF CERTIFI	D-en	0/>		29c. LICENSE	NUMBER	41.	29d. DAT	TE SIGNE	(Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, F	Print)	4.	1	1 20 0		0	410		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE	we.	-1-4	مما			X I	70		
AUG 0 1 1990) Jeolia Davidson	Handall									

BALTIMORE, MARYLAND 21203-3146	s after death. Page 6 may be retained by the hospital or attending physician.	i in by the funeral director, page 5 should be detached for use as the burial-transit a premoval.	nedical examiner must be notified at once.
		ly fillec ation,	the
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPTBL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within s after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit a be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	TIEGIOTTIAIT			CITTE	IOAII	- 01	DEA	114		EG. NO.			
	1. OECEDENT'S NAME (First, Middle	,	3.6						2. DATE OF D	DA		YEAR	TIME OF OEATH
	Kati	e 5. SEX	M . 6. AGE (In yrs. is		Ballo		1 =	04 1800	07 7. OATE OF B	29	19		11:45 P M
	212-08-2294	1 - M 2 XX		YRS.	MONTHS	DAYS	HOURS	MIN.	02-12	1-189	92	B. BIRTHPL Country	ACE (State or Foreign
_	9a. FACILITY NAME (# not institution			9b. CITY, TOWN OR LOCATION OF DEATH				EATH		9c. COUN	TY OF DEA	ГН	
DIRECTOR	Lions Manor		ne		Cu	mber	land				A1	legan	у
E C							10c. CITY, TOWN OR LOCATION						Id. INSIDE CITY
		Allegany		Cumberland,					1 🗆			LIMITS?	
FUNERAL	Williams Ro	ad				10	215					USA	AT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Merrie 3 Never Married 4 Divorced	FORCES?	ENT EVER IN U.S. A 1 YES 2 4 WAR OR DATES	PNO If yee, specify Cuben, Mexican, Puerto Rican, etc.)					Black, V	American indien, White, etc.			
9	15. DECEDENT'S EOUCATION (Specify only highest grade completed)			ECEDENT'S	USUAL O	CCUPATI	ON set of worlds		16b. KIN	D OF BUS	INESS/IND		
COMPLETED	Elementery/Secondery (0-12)	College (1-4 or	5+)	(Give kind of work done during most of working life. Do NOT use retired.) housewife					OW	n ho	me		
8	17. FATHER'S NAME (First, Middle, L	17. FATHER'S NAME (First, Middle, Last)					16. MOT	HER'S NA	ME (First, Middle				
BEC	William Po							(nmn)					100
2	19e. INFORMANT'S NAME (Type/Pri		11						Route Number, C				
	Mr. John E.	District of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the la						umberl					
	20a NETHOD OF DISPOSITION 1 Duriel 2 Cremation 3 4 Donation 5 Other (Speci		20b. PLACE other I H1	of dispo	st B	uria	netery, cren 1 Pa:	natory or rk				city or Town	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	21. SIGNATURE OF FUNERAL SER	7 Den	billa	1	22,				uneral MD 21		е		
	23. PART . Enter the disease shock, or heart find disease or condition resulting in death)	allure. List only one c	hat based the dause on each lin O COMM O (OR AS A CONS	a.						or respi	ratory srr	est,	Approximate interval Between Onset and Dasth Years
NOL	Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):												
<u>S</u>	CAUSE (Disease or injury												
CERTIFICATION	that initiated events resulting in death) LAST d												
	PART II. Other algoliticant co	anditions contributing	to deeth but not	resulting	In the u	nderivin	G Ceuse	given in	Part I. 24a	WASAN	ALITOPSY	24b W	ERE AUTOPSY FINDINGS
MEDICAL		PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO								A C O	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?		
													_ 123 2 _ 110
N N	25. WAS CASE REFERRED TO MED EXAMINER?						LACE OF D	EATH (Ch	neck only one)				
ဗွေ ၂	1 TYES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE		ne 8 🗆 Re	esidence	8 Other (Sp	eclfy)			
PHYSICIAN:	27. MANNER OF DEATH 1 🔀 Natural 8 🗌 Pendir	ng	OF INJURY , Day, Year)	28b. Til	ME OF JURY M	W	JURY AT ORK? YES 2	¬ NO	28d. DESCRIE	BE HOW I	NJURY OCC	CURED	
TED BY	2 Accident investi 3 Suicide 8 Could 4 Homicide determ	OF INJURY — AI h	Al home, farm, street, factory, offic		YES 2 NO Rice 28t. LOCATION City or Town			N (Street e wn, State)	and Number	or Rural Rou	te Number,		
COMPLETED		G PHYSICIAN: To the best											nd manner as stated.
	296. SIGNATURE AND JUPCE OF C	ейтичен //						ENSE NUI			29d. DATI	E SIGNED (A	forth, Day, Year)
TO BE	Ju	Julymo					D	33:	280 > 7/3/			190	
F	30. NAME AND ADDRESS OF PERS	a, M.D. LM				Cum	harl.	and	Marrita	n d	2150	1	
	31. DATE FILED (Month, Day, Year)	ag. Récest	RAR'S SIGNATURE		rve,	ouill	PETTS	, min	raryla	ziid	2150		
	AUG 011	1990	widow By	dalle									

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KW HILL

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203

	FOR STATE REGISTRAR	TATE OF MARYLAND		TMENT OF H		MENTAL	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Rebut Bell	Robert Dufo	ur. I	Bellmyer		2. DATE O	F DEATH DAY	9 92		
	4. SOCIAL SECURITY NUMBER 5. SI	EX 6. AGE (In yrs. I		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH.	00 8.B	HRTHPLACE (State or Foreign ountry)	
	218-26-38 59 1 M 2 F 60 YRS. WONTHS DAYS HOURS MIN. 10 7 29 Mayus 9a. FACILITY NAME (If not institution, give street and number) 9b. CUIV, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
B B	\$ Magralia	Rd		Jupper				1.3	pul	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10d. INSIDE CITY LIMITS?						
	Maryland Harfo	rd	Jor						1 TES 25 NO	
FUNERAL	100. STREET AND NUMBER 315 Magnolia Road			101	21085			10g. CITIZEN	OF WHAT COUNTRY? USA	
S	Specify: Widowed 4 Divorced If YES, GIVE WAR OR DATES 1 YES 2 XNO Specify: White Specify: White Specify: Note Specify: White Specify: Note Specify: Note Specify: White Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: Note Specify: N									
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BE	HOPE (IRLII) DUITOUL 190. INFORMANT'S NAME (TroopPrint) 190. INFORMANT'S NAME (TroopPrint) 190. MAILING ADDRESS (Street and Number or Rural Route Number City or Your State Zip Code)									
Elaine E. Bellmyer 196. MALING ADDRESS (Street and Number of Farial Flories Number, City or fown, State, 210 Goods) 815 Magnolia Road, Joppa, Md. 21085										
	20a. METHOD OF DISPOSITION 1X Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) Highview Memorial Gardens 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HOWARD K. McComas III Funeral Home,									
	Hoevera KM	1. Comes	111	1317	Cokesbur	v Roa	d. Abi	nadon.	Md. 21009	
23. PART i. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory strest, shock, or heart fallure. List only one cause on each line.										
	iMMEDIATE CAUSE (Final disease or condition	Des Short	acen	House	LH Al	and	en		Onset and Death	
	resulting in death) e	DUE TO (OR AS A CON	QUENCE O	F):	-					
NO	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONS	SEQUENCE OF	F):						
ICAT	CAUSE (Disease or injury	DUE TO (OR AS A CONS	EQUENCE OF	D.						
CERTIFICATION	that initiated events resulting in desth) LAST	DUE TO (OH AS A CONS	SECULENCE OF	r);						
AL CE	PART II. Other significant conditions con	ntributing to death but no	t resulting i	in the underlyin	g cause given in	Part I.	24a. WAS AN		24b. WERE AUTOPSY FINDINGS	
MEDICA						_	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
. ME						- 1			1 TES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (C/	heck only one)		*	
IYSIC		OSPITAL:	-	OTHER:		8 Other	1.4			
Y PHY	1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year) 7729/40	26b. TIM		PRK?	LANGES	Token .	et al-		
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm,	street, factory, offic	:0	28f. LOCA City o	TION (Street a Town, State)	and Number or F	Rural Route Number,	
<u></u>	29s. CERTIFIER	: To the best of my knowledge,	death nonum	ad at the time date	and place, and du	to the cour	o(s) and man	nor as stated		
COMPL	(Check only one) 2 MEDICAL EXAMINER: On								suse(s) end manner as stated.	
BE C	216. SIGNATURE AND TITLE OF CERTIFIER	LOgs Med	Ech	nen	29c. LICENSE NU	MBER		29d. DATE SI	GNED (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO COI	MPLETED CAUSE OF DEATH (TEM 27) (Type	, Print)	2 74	14/1	much	DU	24/40	
, j	RICHARD J. CO	OLFER, MD			3 Than	engli	m M	1 21	034	
	31. DATE FILED (Month, Day, Year)	Sulia Davidson-A	andella							

. 1.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-

Pages 1, 2, 3 should

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DIRECTOR

FUNERAL

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once. 7 notified 2 must examiner medical ŏ the event, traumatic other 6 Injury, shows any 0 23 this certificate has havith the State D Hem 6

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

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DIRECTOR: After the hours after death was

TO THE HOSPITAL CO TO THE FUNERAL DO be filed within 72 ho

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	STATE OF N		/ DEPAR					MENTAL HYGIEN REG. NO		
e, Last) ADEL	EINE B	REECHE	R					2. DATE OF DEATH MONTH D. July 30,		PASY
	5. SEX 8. AGE (In yrs. last birthday)				1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	0. BIRT	
	1 □ M 2 🔀 F	80	YRS.	MONTHS	DAYS	HOURS	MIN.	Aug. 7,19	09	Fra
n, give street and number) f Lane					, town o	LY LOCATI	EATH	9c. county of Harford		
NT					_			·		

FOR STATE REGISTRAR 1. DECEDENT'S NAME (First, Midd 3. TIME OF DEATH RENEE 2:00 AM THPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 579-70-2196 ince 9a. FACILITY NAME (If not institution 207 Briarclif RESIDENCE OF DECEDE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? Washington, D.C. Maryland X YES 2 NO 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1654 - 32nd Street, N.W. 20007 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 TES 2 NO Specify: Specify: 3 Widowed 4 Divorcad White 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker 2 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Hottin Senel Eglantine (Unknown) 196. MAILING ADDRESS (Street and Number or Rural Boute Number. City or Town, Stete, Zin Code) 207 Briarcliff Lane, Bel Air, Md. 21014 19a. INFORMANT'S NAME (Type/Print) Françoise R. Hirschberg 20s. METHOO OF DISPOSITION
1 ☐ Burial 27 Cremelion 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State West Chester, Pa. Ferris Crematory 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Howard K. McComas III Funeral Home, P.A. 1317 Cokesbury Road, Abingdon, Md. work 23. PART I. Enter the diseases, or complications that caused the Geath. Do not enter the mode of dying, such as cerdiac or respiratory arrest, interval Between shock, or heart failure. List only one cause on sech line Onset and Death **IMMEDIATE CAUSE (Final** 02 disease or condition MON 0/ reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY #4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 TES 2 TAN

DF OEATH?

1 TYES 2 NO

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH Check only one) **EXAMINER?** OTHER: 1 YES 2 NO 5 Residence 8 - Other (Specify) 1 | Inpetient 2 | ER/Outpetient 3 | DOA 27. MANNEY OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Notural M 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be 4 Homicide

29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the Ilme.

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OEATH (ITEM 27) (Type, Print)

31. DIFE FILED (Month, Day, 30 190

DHMH-18 Rev 1/89

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ittending physician.	e as the burial-transit permit. Pa		
TO THE HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page		er must be notified at once.
executed within 24 hours after death. Pa	and completely filled in by the funeral	to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
requires that the death certificate be	been signed by the attending physician	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo	shows any injury, or other traur
OR ATTENDING PHYSICIAN: The law	DIRECTOR: After this certificate has t	ours after death with the State Dept	iem 28 is marked, or item 23
TO THE HOSPITAL	TO THE FUNERAL	be filed within 72 I	IMPORTANT: If I

31. DATE FILED (Monty, Day, Year)

		FOR										_	90	21	986
Г	1	STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Light)		MARYLAND / CE IZABETH	RTIF	ICATE	OF			2. DATE	REG. NO.			. TIME OF D	EATH
		Marie Eliz	abet	h Ca	rh	CILI	36			JULY	22,	1990	YEAR	3:15	CA H
		016 14 6000	5. SEX 1	8. AGE (In yrs. lesi 78	t birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE	DE BIRTH		Country)	ACE (State or	
	ŀ	9e. FACILITY NAME (If not institution, give etre	et end number)			9b. CITY	TY, TOWN OR LOCATION OF D		ON OF DE	4-5-1912		9c. COU	Mary		nd
BY FUNERAL DIRECTOR		Frederick Memorial Hospital Frederick								Frederick					
							erry, town or location Thurmont				10d. 1 🖔				ITY
		10e. STREET AND NUMBER 24 Carroll Street 21788									10g. CITIZEN OF WHAT COUNTRY? U.S.A.				
		11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMIE FORCES? 1 YES 2 PNO IF YES, GIVE WAR OR DATES				13. WAS DECENDENT OF HISPANIC ORIGIN? If yee, specify Cuben, Mexicen, Puerto Ric 1 YES 2 NO Specify:					or No— 14. RACE — American Indien, Black, White, etc. Specify: White				
		15. DECEDENT'S EDUCA	TION	16a, DE	CEDENT'S	USUAL O	CCUPATIO	N		16b.	KIND OF BUS	INESS/IND	DUSTRY	***************************************	
COMPLETED	I	(Specify only highest grade c	ompleted) College (1-4 or 5	(Gi	ive kind of Do NOT u	work done se retired.)	during mos	t of working	ng						
MPL C		12th grade		Но	mema	ıker					None	-			
111		17. FATHER'S NAME (First, Middle, Last) John C. Dishong						18. мот Ма	rtha	ME (First, A	Middle, Maiden Surname) Orner				
		John J. Carbaugh, Jr. 24 Carroll Street Thurmont, Maryland 21788													
must be		20e. METHOD OF DISPOSITION Surfel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)													
examiner		21. SIGNATURE OF FACILITY ROBERT E. DAILEY & SON FUNERAL HOMES, P.A. 615 East Main St. Thurmont, Md. 21788													
shows any injury, or other traumatic event, the medical : MEDICAL CERTIFICATION		23. PART 1. Enter the diseases, or computations that caused the deeth. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, interval Between Onset and Death disease or condition resulting in deeth) But TO (OR AS A CONSEQUENCE OF):										Between			
		Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST													
		PART II. Other significant conditions contributing to death but not resulting in the underlying ceuee given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO										OF CAUSE			
PHYSICIAN:		25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)													
or ite		EXAMINER?	HOSPITAL: 1 Anpertent 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)												
marked, BY PH		27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation			(, Year) INJURY WO		WOI	JURY AT 26d. DES		I. DESCRIBE HOW INJURY OCCURED					
28 ks									I. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
IMPORTANT: If Item 28 IS O BE COMPLETED		29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner se stated. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(e) end menner as stated.										ns stated.			
POR HE		296. SIGNATURE AND LITTLE OF CHRTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. 1 2 (Ge)									ser)				
폴 ₽		30, NAME AND ADDITIONS OF PERSON WHO	COMPLETED CAL	ISE OF DEATH (ITE	M 27 Ga	a Print		-	141	101			11/1	170	

DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1,	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING P	TO THE FUNERAL DIRECTOR; After to	be filed within 72 hours after death	IMPORTANT: If item 28 is mar

1 - STATE REGISTRAR		SIAIE UF N			TMENT OF ICATE OF				EG. NO			
1. DECEDENT'S NAME (FIRST)		YNEH	CAI	RLS	ON			2. DATE OF	DEATH 2	AY C	7 d	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 193-18-4921		5. SEX 1 M 2 F	6. AGE (In yrs. less	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	24 HRS.	7. DATE OF I	SIRTH by. Year)	1911	Count	HPLACE (State or Foreign ny) nnsylvania
9a. FACILITY NAME (If not institution, give street and number) Frederick Memorial Hospital RESIDENCE OF DECEDENT					эь. city, тоwn F1	ederi		ATH	3		rede:	
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Frederick Frederick								1		10d. INSIDE CITY LIMITS? 1 YES 2 YNO		
10e. STREET AND NUMBER 5767 Box I						1. ZIP CODE	1701			10g, CIT		WHAT COUNTRY?
11, MARITAL STATUS 1 Never Married 2 3 November 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X		If yes, s		ın, Mexica	IIC ORIGIN? (S n, Puerto Rica :		a or No—	14. RAC Blac Spec	E — American Indian, k, Whita, etc.
15, DEC (Specify onli Elementary/Secondary (C	EDENT'S EDU / highest grade	CATION completed) College (1-4 or 5	(G	ive kind of Do NOT u	USUAL OCCUPATION of retired.) Okkeepes	ost of world	ng	16b. KIP	ID OF BU	JSINESS/IN	DUSTRY	
17. FATHER'S NAME (First, M		John	Ly	nch		18. MOT		ME (First, Midd rgare t		1 Sumame)		Skelly
19a. INFORMANT'S NAME (I		lson			Broard					1000		21701
26 METHOD OF DISPOSIT 1 Burial 2 Crematic 4 Donation 5 Other	n 3 🗆 Ran	novel from State	other pi	ece)	ivet Cel				2000	ocation —		own, Stata Maryland
21. SIGNATURE OF FUNERA	SERVICE LI	CENSEE J	al					ord P.				ome Md. 21701
23. PART I. Enter the dehock, or h IMMEDIATE CAUSE (Findisease or condition resulting in deeth)	eart fallure.	List only one cau		· · · · · · · · · · · · · · · · · · ·	with					olratory a	rrest,	Approximate Interval Between Onset and Death
Sequentially liet condit if eny, leeding to imme ceuse. Enter UNDERLY CAUSE (Disease or Inju- that initiated events resulting in death) LAS	diate ING Iry	C	(OR AS A CONSEC									
PART II. Other significa	jall	bledd	death but not i	resulting	in the underlyl	ng cause	given in		PERFO	N AUTOPSY ORMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. NO DEATH? 1 YES 2 27. WANNER OF DEATH 1 Netural 5 Pending Investigation 2 No. William Street, factory, office 28. PLACE OF INJURY AT 1 YES 2 NO 28. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 28d. NATIONES? 28d. MANUTORS? 28d. MANUTORS? 28d. MANUTORS? 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 2												
							Doub Mumbas					
4 Homicide	Could not be determined	building.	etc. (Specify)				e, and due	City or 1	lown, Stat	0)		Route Number,
COLOCK OTHY										and due to	the cause	(s) and manner as stated.
29b. SIGNATURE AND TITLE	OF OPPOSIT	50				gen - 11"	ENSE NU	MOCO		007 01	TE ACCE	D (Menth, Day, Ybar)

West Ninth Street,

Frederick,

DHMH-16 Rev 1/89

Dr.

31. DATE FILED (Morith, Day, Year)

A. Austin Pearre, Jr., 300 We ILEO (Morin, Day-Year)

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TO BE COMPLETED BY FI	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
i examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detached for use as the buria ral.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
er death. Page 6 may be retained by the hospital or attending physi	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physical properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the proper

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	FOR 1 - STATE	STATE OF I	MARYLAND								Ē		
-	REGISTRAR			ERTIF	ICATE	= UF	DEAL	н		EG. NO.		_	
	1. DECEDENT'S NAME (First, Middle, Last)	1 3	A 11-						2. DATE OF MONTH	DEATH	Y	YEAR 3	. TIME OF DEATH
		acie	Cule	<u>n</u>							1990		12:10 a. M
	4. SOCIAL SECURITY NUMBER 577-30-3044	5. SEX 1 M 2 F	8. AGE (In yrs. 71	est birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF I	ыятн у. Урод 13,	1919	8. BIRTHPL Country	ACE (State or Foreign
,	9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	, TOWN O	R LOCATION	ON OF DE	ATH		9c. COUN	TY OF DEA	тн
<u>ب</u>	Frederick Mem	orial Ho	spital		_	Fre	deri	ck			F	rede:	rick
DIRECTOR	RESIDENCE OF DECEDENT												
μ̈́	10e. STATE 10b. COUNT	•			Y, TOWN							1	Od. INSIDE CITY
5	MD. Fre	derick			Fred	eric	k					1	YES 2 NO
	10e. STREET AND NUMBER	**				:101	ZIP CODI				10g. CITIZ	EN OF WH	AT COUNTRY?
FUNERAL	2 Monroe Ave.						21	701			U	SA	
핃	11. MARITAL STATUS	12. WAS DECEDE	IT FIVED IN II O	DIALED	140	220.050							A
라	1 Never Married 2 Merried	FORCES?	YES 2X			If yes, spe	ecify Cubs	n, Mexica	IIC ORIGIN? (S n, Puerto Rice		or No-	Black, 1	- American indian, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES			1 TYES	2 NO	Specify	r:			Specify:	white
	15. DECEDENT'S EDU	I	140										
巴	(Specify only highest grade			DECEDENT'S (Give kind of ite. Do NOT u	work done	during mo	on at of workin	g	16b. KII	ID OF BUS	INESS/IND	JSTRY	
Ш	Elementary/Secondary (0-12)	College (1-4 or 5	+)		,	c -				- / -			
P P				nou	sewi	re				n/a			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First, Midd	le, Malden	Surname)		
BE (Charles Wort	man					[Leno	ra H	lurst			
	19a. INFORMANT'S NAME (Type/Print)			19b. MAJLING	ADDRES	S (Street e	nd Number	or Rural F	Poute Number,	City or Town	, State, Zip	Code)	
2	William Cullen			2 Mo	nroe	Ave	. F	rede	rick,	Md.	21701		
	20e/METHOD OF DISPOSITION		20h Pl AC	E OF DISPO							CATION — C	_	. State
	1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Rem	oval from State	Rec	thave	n Mei	mori	21 C	arde	ne		deric	,	
	4 Donation 5 Other (Specify)		ICS	Lilave									l Home
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1								er ru	mera.	1 nome
	Thomas of the	\angle \angle	2mme	2)			_		town P				
	23. PART I. Enter the diseeses, or	complications th							d 2		ratory arm	nat.	Approximate
	ahock, or heart fallure.											,	interval Between
	iMMEDIATE CAUSE (Final disease or condition	60			1 .	1							Onset and Death
	resulting in deeth)	a. Co.	aci o	pu	in	Mu	7	- 0	we,	rT			MA.
		DUE TO	OR AS A CONS	SHOUENCE C	OF):								
Z	Orange Mallin New York and Males	b. AS	CVD.										19 Rs
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate	DUE TO	OR AS A CONS	SEQUENCE C	NF):								Y
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	c											1
프	that initiated events	DUE TO	OR AS A CONS	SEQUENCE C	OF):								
F	reculting in deeth) LAST	4											
2												_	
AL	PART il. Other algnificent condition	ns contributing to	death but no	t resulting	In the u	nderlyin	g cause	given In	Part i. 24	a. WAS AN PERFOR			VERE AUTOPSY FINDINGS
MEDICAL									_ 1	YES 2			COMPLETION OF CAUSE OF DEATH?
입													YES 2 NO
2									- 1				
AN	25. WAS CASE REFERRED TO MEDICAL					20 0	ACE OF F	EATH COL					
PHYSICIAN:	EXAMINER?	HOSPITAL:			OTHE		DACE OF E	EATH (UII	eck only one)				
YS	1 TYES 2 KONO	/0	☐ ER/Outpatient			-		esidence	6 Other (S				
H	27. MANNER OF DEATH	/ 28a. DATE O (Month,	F INJURY Day, Year)	28b. Til	JURY	28c. INJ WC	DRK?		28d, DESCR	IBE HOW I	NJURY OCC	URED	
BY	1 Natural 5 Pending 2 Accident Investigation				М	1 🗆	YES 2	NO					
	3 Suicide 6 Could not be		OF INJURY — At i, etc. (Specify)	home, farm,	street, fec	ctory, offic	•		261. LOCATH	ON (Street of State)	and Number	or Rural Ro	ute Number,
TED	4 Homicide determined												
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	f my knowledge	death occur	red at the	time, date	and place	, end due	to the cause	e) end mer	ner as state	ed.	
M	(Check only one) 2 MEDICAL EXAMIN												and manner se stated
0	- C meeters and mile			veriget	my	-harrings &			Jane 1917	- Lineal and	10 111	(-)	
BE (296. SIGNATURE AND TITLE OF CERTIFIE	de						ENSE NU					Month, Day, Year)

31. DATE FILED (Month, Day, Year)

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	OINIL OI III	CEF	RTIFIC		DEATH	MENTAL	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH		Maria	3. TIME OF DEATH
Lila	Ward		Chic	cheste	r	Jul		. 19	990°	4:35 p M
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest bi		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTH	PLACE (State or Foreign
219-66-4435	1 □ M 2 😿 F	90	YRS. MO	NTHS DAYS	HOURS MIN.	"			h Carolina	
9a. FACILITY NAME (If not institution, give str	set and number)	-	96	CITY, TOWN	OR LOCATION OF D		2 1/1		NTY OF D	
Homewood Retiremen	nt Center	r		Fre	ederick Frederick					
RESIDENCE OF DECEDENT										
10a. STATE 10b. COUNTY		OWN OR LOC						10d. INSIDE CITY LIMITS?		
Maryland Fro		Fr	ederi						1 X YES 2 NO	
100. STREET AND NUMBER			1	Of. ZIP CODE					VHAT COUNTRY?	
31 West Patrick S				21701			Ţ	J.S.2	<i>A</i> .	
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARME	D		CENDENT OF HISPA specify Cuban, Mexic			or No—	14. RACI Black	E — American Indian, k, White, etc.
37 Widowed 4 Divorced	IF YES, GIVE W			1 🗆 YE	S 2 X NO Speci				Spec	"Y" White
15. DECEDENT'S EDUC	ATION	16e DECE	DENT'S HE	JAL OCCUPAT	TION	1 105	KIND OF BUS	INECO (IN		
(Specify only highest grade of	completed)	(Give	kind of work	done during n	nost of working	100	KIND OF BUS	INESS/INI	JUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)								
17. FATHER'S NAME (First, Middle, Last)	JT	HO	memak	er	18, MOTHER'S NA	AME (Eleat 1	Miciella Maidae (Surnama ¹		
Simon Evere	++ t	Koonce			Lila	CAL (FROL)			200	
19a. INFORMANT'S NAME (Type/Print)	oc I		AAILING AD	DRESS /Swa	t end Number or Rural	I Boute Mus-	M.		ard	
Mrs. Lila W. Wenne	or									2171C
20a. METHOD OF DISPOSITION	ET.				ville Roa		The second second		City or To	land 21716
1X Burial 2 Cremation 3 Remo	val from State	other place)		,		100			
21, SIGNATURE OF FUNERAL SERVICE LICI	ENSFF .	Mount	OTIV		metery AND ADDRESS OF F	ACH ITY	FIE	eder.	LCK,	Maryland
VIII I	n Me	1			ey & Basf		P.A. F	mera	al Ho	ome
Mulare C.	(- Maj	ard			East Chur					
23. PART I. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ist only one cau					ch aa card	diac or reapi	ratory ar	rest,	Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		(OR AS A CONSEQUE								
PART II. Other algoriticent conditions	contributing to	death but not res	ulting in t	ha underly	ing cause given in	n Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					PLACE OF DEATH (C	check only or	ne)			
EXAMINER?	HOSPITAL:	ER/Outpatient 3		THER:	ome 5 🗆 Residence	a 🗆 Othe	er (Specify)			
27. MANNER OF DEATH	28e. DATE OF		28b. TIME O	F 28c. I	NJURY AT	_	SCRIBE HOW IF	JURY OC	CURED	
1 Natural 5 Pending	(Month, De	sy, rear)	INJUR		VORK? YES 2 NO					
2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE O building,	F INJURY — At home etc. (Specify)	, form, stre	et, factory, of	fice		CATION (Street a or Town, State)	nd Numbe	r or Rumil	Route Number,
290. CERTIFIER	NAM. To at									
(Check only		my knowledge, death termination and/or inv								and menner as stated
one) 2 MEDICAL EXAMINE	or our risk name or us			spennett			Prevent min	10 6		
2 MEDICAL EXAMINE					1		-			
2 MEDICAL EXAMINES 29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NU D09689	UMBER		29d, DAT		(Month, Day, Year)
2 MEDICAL EXAMINET		BE OF DEATH (ITEM 2	27) (Type, Pri	int)		UMBER		29d. DAT		

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. iours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

rre, Jr., M.D., 30

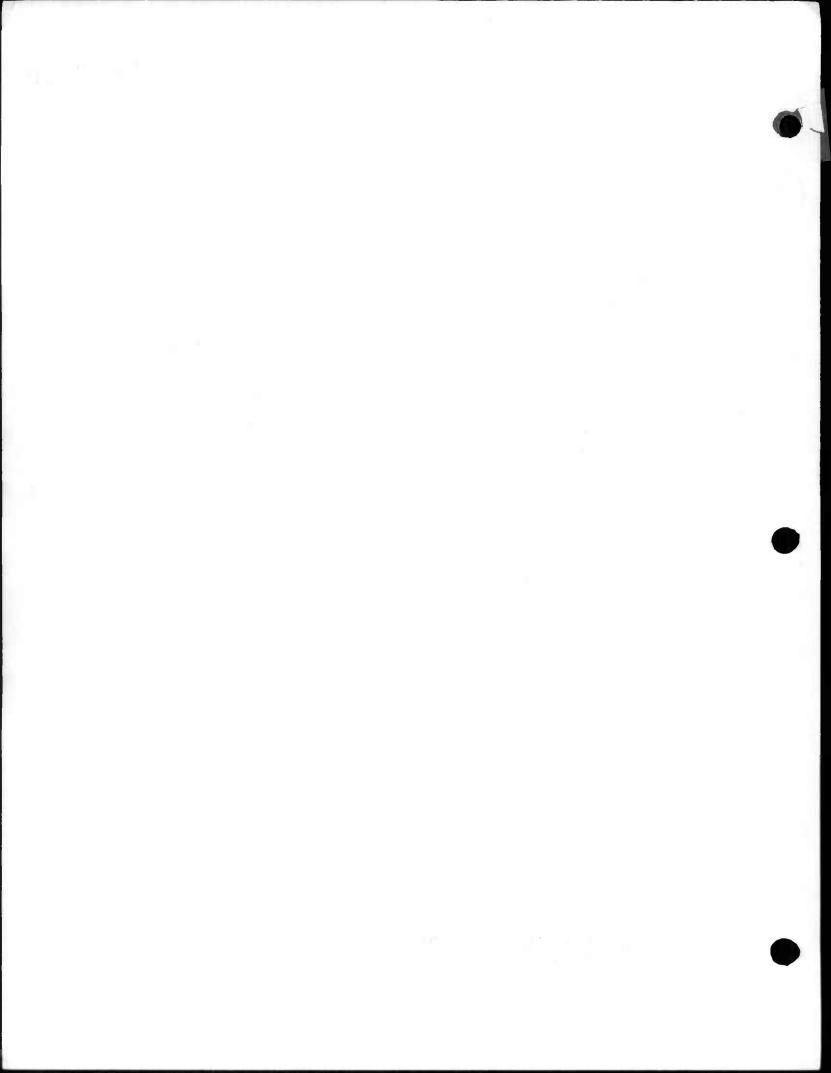
32. REGISTRAR'S SIGNATURE

Filia Davidson-Randall

	Page		
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours arist death. Play be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trained permit. Page	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burnal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)	01 1 0 1 01 1	2. DATE OF DEATH MONTH DAY

	REGISTRAR		C	ERTIF	CATE	OF	DEAT	Ή	REG. N	Ю.	
	1. DECEDENT'S NAME (First, Middle, Last)		e Carmo	ody-C	legho	rn			2. DATE OF DEATH MONTH	DAY 199	
	4. SOCIAL SECURITY NUMBER 121-36-1606	5. SEX 1	8. AGE (In yrs. Is 43	ynst birthday) :	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year, 12-19-19	46	8. BIRTHPLACE (State or Foreign Country) NEW YORK
~	90. FACILITY NAME (If not institution, give street and number) Frederick Memorial Hospital				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF D						
DIRECTOR	RESIDENCE OF DECEDENT		Frederick Frederick						eaerick		
REC	10e. STATE 10b. COUNTY				Y, TOWN OF		ION				10d. INSIDE CITY LIMITS?
	Maryland Frede	Frederick						Tue of	XX YES 2 □ NO		
FUNERAL	211 East Third	101. ZIP CODE 21701						10g. CITIZEN OF WHAT COUNTRY? U. S. A.			
3	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. A	ADMED 12 WAS DECEMBENT OF HISDANIC ODIGING (Specific							
B≼	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W	AR OR DATES	ino	1 YES 1(D) NO Specify:						specify: white
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)		Give kind of use. Do NOT us	vork done di			g	16b. KIND OF		noustry nty Dept of
PE	Elementary/Secondary (0-12)	College (1-4 or 5+)	'	locial		204					opement
ĕ.	17. FATHER'S NAME (First, Middle, Last)			осана	W/U/U	2011	18. MOTH	IER'S NA	ME (First, Middle, Main		
BE C	William Carmody								et Mary		
2	19a. INFORMANT'S NAME (Type/Print)								Route Number, City or		
	James Clegharn 200. METHOD OF DISPOSITION								ederick,		Z I / U I — City or Town, State
	1 Buriel 2 Cremetion 3 Remo	oval from State	other p	Emwood Cemetery Bir						minah	am. Alabama
	21. SIGNATURE OF FUNERAL SERVICE LIC	PHREE	1/2	0	22, N	AME AN	ID ADDRES	SS OF FA	CILITY Stauf	ber	Funeral Home
	Akaron (e	rmille	Cle	ne							lerick, Md. 2170:
	23. PART I. Enter the diseases, or cashock, or heart feliure. I IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	List only one caus	se on each lin	10.				06			Interval Between
CERTIFICATION	disease or condition resulting in deeth) AMESSEYTEM TOWN BOTS SWARL BOWNER WEIGHT BOWNER WEIGHT BOWNER WEIGHT BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOWNER WITH BOW										
	PART II. Other significant condition	a contributing to	death but not	resulting	in the unc	derivino	a cause o	alven in	Part I. 24s, WAS	AN AUTOPS	Y 24b. WERE AUTOPSY FINDINGS
EDICAL		Na hel	_	1			1-6		PER	FORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MED		hwan		119) 6	N	onte	15 9	90	L (g) NO	OF DEATH? 1 YES 2 NO
						1,1	1990	1'			
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF 6	EATH (Ch	eck only one)		
PHYSICIAN:	1 TYES 2 NO 27. MANNER OF CEATH	1 Inpetient 2 I	INJURY	26b. TIN	E OF	28c. INJ	URY AT	sidence	6 Other (Specify) 28d. OESCRIBE HO	W INJURY C	OCCUREO
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, De	ly, Year)	IN.	JURY M		YES 2] NO			
	3 Suicide 6 Could not be determined	28e. PLACE Of building,	F INJURY — At I etc. (Specify)	home, farm,	street, facto	ry, offic	•		261, LOCATION (Str City or Town, St	et and Numi ate)	ber or Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI										stated, the cause(s) and menner as stated,
	29b. SIGNATURE AND TITLE OF CERTIFIER							ENSE NUI	_		ATE SIGNED (Month, Dev. Year)
TO BE	NICHOLIAS P	FUR	15 1	W	>					1	7/26/90
	30. NAME AND ADDRESS OF PERSON WHO 915 TOLUROUSY	O COMPLETED CAUS	FRO	LCM 27) (Type	Ex R	101	- 1	VICA	HOLAS	P.,	FORIS
	31. DATE FILED (Morith, Day, Year) 1111 2 7 1990	gulia David	his signature Lour-Agric	482							
		##-						_			



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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR S	TATE OF MARYLA	ND / DEPARTI	MENT OF H	FAITH AND A	MENTAL HYGIEN	F	
	1 - STATE REGISTRAR		CERTIFIC			REG. NO.	_	
- 1	1. DECEDENT'S NAME (First, Middle, Last)		7			2. DATE OF DEATH	Y YE	3. TIME OF DEATH
	000080	Cuneo				July 25th™		2348 P _M
	4. SOCIAL SECURITY NUMBER 5. S 139167541 15	SEX 6. AGE (In 2 M 2 □ F 92	" "	F UNDER 1 YEAR DAYS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 11. 1		BIRTHPLACE (State or Foreign Country)
	9e. FACILITY NAME (If not institution, give street e	and number)	9	b. CITY, TOWN D	R LOCATION OF DE		9c. COUNTY	
TOR	Frederick Memoria	al Hospital	L	Fr	ederick		Fre	derick
DIRECTOR	Maryland Frede	erick		Frederi			_	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 7070 Basswood				ZIP CODE		7.2	DF WHAT COUNTRY?
N.		WAS DECEDENT EVER IN	II S ADMED	12 WAS DEC	21701	IIC ORIGIN? (Specify Yes		RACE — American Indian,
BY FU	1 Never Married 2 K Married	FORCES? 1 XYES IF YES, GIVE WAR DR DAT O'T Ld War I	2 ND	If yes, spe		n, Puerto Rican, etc.)	14.	Black, White, etc. Specify: White
B	15. DECEDENT'S EDUCATIO (Specify only highest grade comp		16a. DECEDENT'S US	SUAL OCCUPATION done during mos	IN at of wadding	16b. KIND OF BUS	SINESS/INDUST	TRY
<u> </u>		ollege (1-4 or 5+)	Ille. Do NOT use	retired.)	st or working			
COMPLETED		6	Pro	fessor				Maryland
	17. FATHER'S NAME (First, Middle, Last)	Lewis C	uneo			ME (First, Middle, Meiden Emilia	7. Call	
R	19e. INFORMANT'S NAME (Type/Print)	DEW13 C		DORESS (Street a		CMIIIA Route Number, City or Tow	Fish	
5	Mrs. Louise B. Cuned	0				rederick,		
	20a. METHOD OF DISPOSITION 1 Devial 2 Cremation 3 Removal 1	20b.	PLACE OF DISPOSIT					or Town, State
	4 Donation 5 Other (Specify)	from State S	other place) mithsbur	g Crema	tory	Smi	thsbur	g, Maryland
- 4	21. SIGNATURE OF FUNERAL SERVICE LICENSE	EE			D ADDRESS OF FA	ord P.A. H	ineral	Uome
	> Allon H	Ruly	M00703					k. Md. 21701
	23. PART I. Enter the diseases, Dr comp shock, Dr heert fellure. List	plications the ceused	the deeth. Do no	t enter the mo	de of dying, sucl	h aa cerdiac or resp	iretory errest	, Approximate Interval Between
	IMMEDIATE CAUSE (Final	Only bite was on se		. 1	1.5			Onset and Deeth
	disease or condition resulting in deeth)	Kupture		minal	april	aneury	sm.	6 hrs.
		DUE TO (OR AS A	CONSEQUENCE OF):			,		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING	DUE TO (OR AS A	CONSEDUENCE OF):					
	CAUSE (Disease or Injury that initiated events	DUE TO (DR AS A	CONSEDUENCE OF):					
E	resulting in death) LAST	1.50						
뜅	DAME II Other desificant and finding		A A del l-					
CAL	PART II. Other algnificant conditions co	antributing to death ou	it not reautting in	the underlying	g cause given in	PERFO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL			_			1 YES :	2 (NO	OF DEATH?
						—		1 TYES 2 ND
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATH (Ch	eck only one)		
SIC		OSPITAL: Inpetient 2 ER/Outpe		OTHER:	e 5 🗆 Residence	8 Other (Specify)		
Ϋ́	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJ		28d. DESCRIBE HOW	INJURY OCCUR	ED
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Moran, Day, 1949)	11100		rES 2 NO			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Special	— At home, farm, str	eet, factory, offic	•	28f. LOCATION (Street City or Yown, State		Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: Of							ause(s) end manner ee stated.
	296. SIGNATURE AND PURE OF CERTIFIER				29c. LICENSE NUI			IGNED (Month/Day, Year)
TO BE	all	i MD	>		-	267	> 7	26/90
	30. NAME AND ADDRESS OF PERSON WHO CO	MIDI ETED CALLES OF DET	THE STEAM OF STATE OF	2-1-43				•

CAUSE OF DEATH (ITEM 27) (Type, Print)
MD, 915 Tollhouse

CASIANO

Manuel

31. DATE-FILED (Month,

DHMH-18 Rev 1/89

21701

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RECORDS, P.O. BOX 131	racuirac
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OF	DUVCIC
DIVISION OF VITAL F	SCRIME OF ATTENDIAL DUVERSIAN. The law requires that the death certificate he events
2	90
	COLTAI

		1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
		1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH DAY YEAR 637 A									
ъ		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day, Year), (Month, Day,									
	FOR	98. FACILITY, NAME (It not institution, give street and number) 96. CTY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH Selver Spring MO Mantgoenery									
	DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION 100. INSIDE CITY LIMITS? 1 A YES 2 NO									
n. ansit permit	BY FUNERAL	100. STREET AND NUMBER 101. ZIP COOE 109. CITIZEN OF WHAT COUNTRY? 1401 Blair Mill Road, #409 USA									
;, MARYLAND 21203-3146 y be retained by the hospital or attending physician. age 5 should be detached for use as the burial-transit be notified at once.		11. MARITAL STATUS 1									
	PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY									
	E COMPL	Salesperson Ladies Apparel									
	TO B	190. INFORMANT'S NAME (Type/Print) Evelyn Fine (personal rep.) 190. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 10506 Edgewood Avenue, Silver Spring, MD 20901									
m, e g t		20s. METNOD OF DISPOSITION 1 \overline{\text{MEmon Disposition}} 3 \overline{\text{Removal from State}} 20b. PLACE OF DISPOSITION (Name of cemetory, crematory or other place)} 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetory, crematory or other place) King David Memorial Garden Falls Church. VA									
death. Pe funeral		22. NAME AND ADDRESS OF FACILITY Danzansky-Goldberg Memorial Chapels, Inc. 1170 Rockville Pike, Rockville, MD 20852									
24 hours aft filled in by ion, or remo	,	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest. Approximate interval Between IMMEDIATE CAUSE (Fine) disease or condition									
4 5 5 5	NC	Sequentially list conditions, The Tolland A Consequence OF:									
BOX 1 ficate be ex physician a ne prior to	CERTIFICATION	If any, loading to immediate ceuse, Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due TO (OR AS A CONSEQUENCE OF):									
death c death c attendi ental Hy		PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDING									
That that and by and by and by	MEDICAL	PERFORMED? ARLABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO									
has has	PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one)									
F VITAL SICIAN: The la certificate has the State Del	YSIC	1 YES 2 NO 1 Impatient 2 ER/Outpetlant 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)									
SION OF TTENDING PHYSIC TOR: After this ce after death with the 28 is marked,	ву Рн	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 1 Natural 5 Pending 2 Accident Investigation 28e. DATE OF INJURY (Month, Day, Year) M 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED WORK?									
	8	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
DIVI RAL OR A AL DIREC 72 hours If item	COMPLET	29a. CERTIFIER (Check only (Check only one) 29a. CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.									
HOSPITAL FUNERAL within 72 I	CO	2 MEDICAL EXAMINENT On the basis of axismination and/or investigation, in my opinion, death occurred at the time, data and piace, and due to the cause(a) and manner as stated.									
TO THE HOSPI TO THE FUNER be filed within	BE	296. SIGNATURE AND THE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. 26. 90									
	70	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									

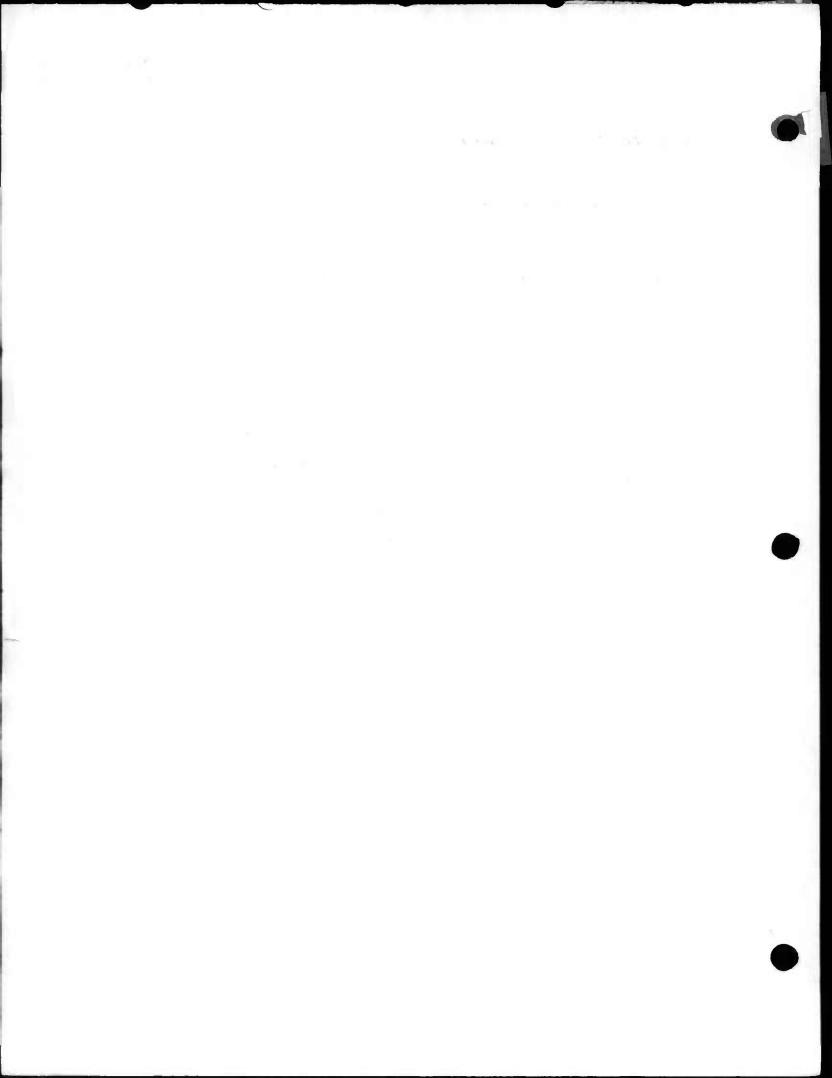


31. DATE FILED (Month, Day, Year) 30 '90

GELGER

ms)

32. REGISTRAR'S SIGNATURE



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page hied within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	ERTIF	ICATE OF	DEATH	REG.	NO.			
	1. OCCEDENT'S NAME (First, Middle, Legt) KATHRYN LINDA	CARPI	ENTER		2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. It	and Adapt of a still				6 19		7:00A M	
	577-64-4778 1□ M 2 □ F 43	YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea DEC 13,	1946	Coun	HPLACE (State or Foreign Try) RYLAND	
DIRECTOR	9. FACILITY NAME (If not institution, give street and number) PHYSICIANS MEMORIAL HOSPITA	AL	LA PL	ATA		9c. CO	UNTY OF I		
딦	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCAT	TION				10d. INSIDE CITY	
E	MARYLAND CHARLES		ALDORF		LIMITS?				
	10e. STREET AND NUMBER	, nr		. ZIP CODE		10g. Ci	TIZEN OF	WHAT COUNTRY?	
FUNERAL	239-N MARK DRIVE			20601 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No					
BY	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced 12. WAS OCCEDENT EVER IN U.S. 6 FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES	RMED NO	If yes, sp	ENDENT OF HISPAR ecity Cuban, Mexica 2 NO Specify	n, Puerto Rican, etc.		Bled	E — American Indien, ck, Whita, atc.	
COMPLETED	(Specify only highest grade completed)	ECEDENT'S 'Give kind of the Do NOT us	USUAL OCCUPATION Work done during more retired.)	ON st of working	18b. KIND OF	BUSINESS/II	NDUSTRY		
3		HOMEMA	KER		N.	'A			
S	17. FATHER'S NAME (First, Middle, Lest) ROBERT MILTON MATTHEWS, J				ME (First, Middle, Me)		
BE			ADDRESS (Street	LOUI:	SE BYRD	Traver State	7in Codel		
2	LEON P. CARPENTER			RIVE. WAI				601	
	204 METHOD OF DISPOSITION 201 PLACE	E OF DISPO	RITION /Name of on	melans animalans as		LOCATION -			
	1 Donation 8 Other (Specify)	HUN	ITT CREM	ATORY	WA	LDORF	, MAI	RYLAND	
	21. THOMETURE OF PUNITIAL SERVICE LICENSEE			NO ADDRESS OF FA	THE I	HUNTT	FUNE	RAL HOME, INC	
	THE DEGRAM T							20604-0156	
	23. PARTY. Enter the diseases, or complications that caused the chock, or heart failure. List only one cause on each list	dasth. Do i ne.	not entar the mo	oda of dying, suc	h as cardiac or r	espiratory a	arrant,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONS	EN	CFPH	HAL10	PATI	4		Onset and Death	
	DUE TO (OR AS A CONS	EOUENCE O	P:	- C110	3011	1/		12/	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	EOUENCE O	D/V	370	CA		,	1 saux	
SA	CAUSE (Disease or Injury	E	NDOT	RACHIT	1 TU	BE	/CL	0TS) 13 day	
	that initiated eventa resulting in daeth) LAST	EQUENCE O	110 1/	ECTON	1/\/		1	1 121	
								+ 130cmy	
DICAL	PART II. Other significant conditions contributing to deeth but no	t reaulting	In the underlyin	g cause given in	PE	S AN AUTOPS	Y 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ED	CHROTTOMI) OF (F)	111	6		1 T YI	S 2 NO		OF DEATH?	
: ME					_			1 NES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			LACE OF DEATH (C)	neck only one)				
Sic	EXAMINER? 1 YES 2 NO HOSPITAL: Inpetient 2 ER/Outpatient	3 DOA	OTHER: 4 Nursing Hor	ne 8 🗆 Reeldence	8 Other (Specify				
PHY	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)	28b. TIR		JURY AT ORK?	26d, DESCRIBE H	OW INJURY (OCCURED		
BY	1 Natural 5 Pending 2 Accident Investigation			YES 2 NO					
	3 Suicide 8 Could not be 4 Homicide 8 determined 28e. PLACE OF INJURY — At building, atc. (Specify)	home, farm,	street, factory, offic	00	281. LOCATION (S City or Town,	reet end Num State)	ber or Rum	l Route Number,	
	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge,	death occur	rad at the time dat	and place, and du	to the cause(s) en	l menner ee i	ntated		
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the basic of examination and/							(e) end menner ee stated.	
	296. SIGNATURE AND TITLE OF CERTIFIER		^	29c. LICENSE NU	MBER	29d. D	ATE BIGNE	ED (Month, Day, Year)	
TO BE	Michael G. Serellieti	M)	D0377	6		7:	26.90	
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (* . ,,		D= CTI **	En Chra	NO 34	D 20	0006	
	MICHAEL G. SEREMETIS, M. D. 392 31. DATE FIND (MONTH Day Year) 32. REGISTRAR'S SIGNATURE		KKAKA	nr.orrA	EK SPKI	NG M	ט. 20	7700	
	JUL 9 1 90 getia Davidson-Rand	Lell							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH	200		TIME OF DEATH
Mattie Louise	Cleary					MONT	Ly 26		YEAR	8:50 A
4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birt	nday) IF U	NOER 1 YEAR	IF UNDER 24 HRS.	7 DATE	OF BIRTH		BIOTHOL	ACE (State or Formian
242-14-1098	1 🗆 M 2 💢 F	75	RS. MONT	THS DAYS	HOURS MIN.	NON	7 . To	,1914	Country)	p Hill,
De. FACILITY NAME (If not institution, give a	treet and number)		9b.	CITY, TOWN	OR LOCATION OF D				TY OF DEAT	
25 Creedmore La	ane			Nor	th East	st			cil	
25 Creedmore La RESIDENCE OF DECEDENT 10b. COUNTY										
		16		y, town on location orth East						INSIDE CITY LIMITS?
Maryland Ce	ecil		NOI		d S L			L ton CITIT		YES 2 XNO
25 Creedmore La	ano		21901 U.S.A					II COUNTRY?		
11. MARITAL STATUS	12. WAS DECEDENT EV			13. WAS DE	CENDENT OF HISPA	NIC ORIGI	N? (Specify Yes			American Indian, Vhita, etc.
Never Married 2					pecify Cuban, Maxic S 2 NO Spec		Ricen, etc.)		Specify:	ville, etc.
15. DECEDENT'S EDUI	CATION completed)	16a. DECED	ENT'S USU/	AL OCCUPAT	ION ost of working	16	b. KIND OF BU	SINESS/INDU	ISTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)				ost of working		- 1		,	
	N/A	A	ssem	bly			Indus		ι⊥	
17. FATHER'S NAME (First, Middle, Last)	m (C) a				16. MOTHER'S N			Sumame)		
James Willair	n Cleary				Verdie		-4			
Tanio Thompson					and Number or Rure Sun Ro					21011
Janie Thompson					Sun Ro				<u> </u>	
NA METHOD OF PIPEOPITION				IN FIVERING OF CI	metery commetory or		20c. L0	CATION - C	my or Town	, 31010
1 XBurial 2 Cremation 3 Mann 4 Donation 5 Other (Specify)	// /	place)		Met	hodist		. No	rth E	East	, MD
23. PART I. Enter the diseases, or a shock, or heart fellure.	complications that co	used the death on each line.	East Do not e	Met 22. NAME / Cr 12	hodist NO ADDRESS OF FOUCH Fu 7 S. Ma	nera in S	al Hor	ne orth	East	, MD 21
1 XBurial 2 Cremation 3 Hain 4 Donation 5 Other Specify 21. SIGNATURE OF PURPLAL SERVICE 22. PART i. Enter the diseases, or shock, or heart feliure.	complications that co	orth	Do not e	Met 22. NAME / Cr 12	hodist NO ADDRESS OF FOUCH Fu 7 S. Ma	nera in S	al Hor	ne orth	East	, MD 21
23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentisity list conditions,	complications that ce List only one cause s	oused the death on each line.	Do not e	Met 22. NAME / Cr 12	hodist NO ADDRESS OF FOUCH Fu 7 S. Ma	nera in S	al Hor	ne orth	East	, MD 21
1 XBurial 2 Cremettony 3 Image 4 Donatton 5 Differ Specify) 21. SIGNATURE OF FURNIAL Standard Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate Laborate	complications that ce List only one cause s	sused the death on each line.	Do not e	Met 22. NAME / Cr 12	hodist NO ADDRESS OF FOUCH Fu 7 S. Ma	nera in S	al Hor	ne orth	East	, MD 21
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NAME A Cr 12 Inter the m 4	hodist ND ADDRESS OF F OUCH FU 7 S. Ma ode of dying, su ng cause given in PLACE OF DEATH (C me 5 Residence JUSHY AT ORK? YES 2 NO	ACILITY NET a in S ch as car heak only of the control 26f. LO Chy te to the control et time, det	24a. WAS AN PERFO	I AUTOPSY AMED? 2X NO INJURY OCC and Number as state 28d. DATE	East est, 24b. W A O O O O O Rural Rou or Rural Rou ed. e cause(a) a	Approximate interval Betwee Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset and Desi Onset an

DHMH-16 Rav 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Just after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEFAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

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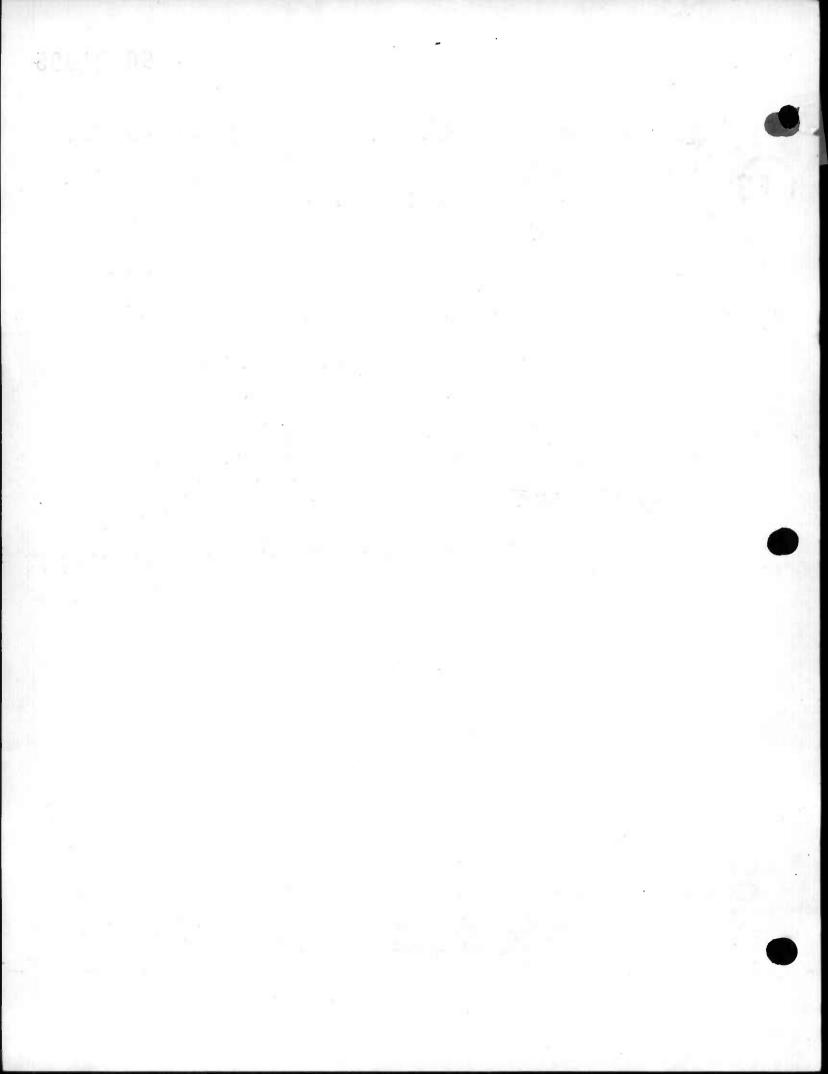
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BALTIMORE, MARYLAND 21203-3146	24 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages on, or removal.	he medical examiner must be notified at once.
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FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENI
REGISTRAR:	CERTIFICATE OF DEATH	REG. NO.

* REGISTRAR:	CERTIFIC	ATE OF DEATH	REG. NO.						
1. DECEDENT'S NAME (First, Middle, Last)	Cana	6-2-1-2	2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH					
4. SOCIAL SECURITY NUMBER 5. SEX	Copen	HVER, Jr.	124	40 00 10 "					
4. SOCIAL SECURITY NUMBER 217-58-7946 5. SEX 1 x x 1 x x 1 x x x		NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) July 9,195	BIRTHPLACE (State or Foreign Country) Elkton. MD					
9a. FACILITY NAME (If not institution, give street and number)	57	. CITY, TOWN OR LOCATION OF DEA		COUNTY OF DEATH					
		Elkton		Cecil					
RESIDENCE OF DECEDENT	ecti county	EIKCOII		recii					
10a. STATE 10b. COUNTY	10c. CITY, 1	OWN OR LOCATION		10d. INSIDE CITY					
Maryland Cecil		Elkton		1 YES 2 NO					
10e. STREET AND NUMBER		101, ZIP CODE	10-	CITIZEN OF WHAT COUNTRY?					
29 Tree Lane			109						
29 liee Lalle		21921		U.S.A.					
Name Married 2 XMarried FORCES?	WAR OR DATES	13. WAS DECENDENT OF HISPANIC If yes, apecify Cuban, Mexican, 1 YES 21 NO Specify:		o- 14. RACE - American Indian, Black, White, atc. Specify: White					
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Collega (1-4 or N / A 17. FATHER'S NAME (First, Middle, Last)	16a. DECEDENT'S US	done during most of working	16b. KIND OF BUSINES	S/INDUSTRY					
Elementary/Secondary (0-12) Collega (1-4 or	Alfa Do MOT uso o	etired.)							
9 N/A	Assei	mbly Line wke	r. Automob	oile					
17. FATHER'S NAME (First, Middle, Last)		16. MOTHER'S NAM	E (First, Middle, Maiden Suma	me)					
	r, Sr.	Betty	Jane Frod	ck					
19a INFORMANT'S NAME (Time/Print)		DRESS (Street and Number or Rural Ro	oute Number, City or Town, Stat	e, Zip Code)					
Imogene Copenhaver	29 Tr	ee Lane Elkto	n. MD 219	121					
20g. METHOO OF OISPOSITION 1 (A Burtal 2 Companion 3 D Burnous) from State		ON (Name of cemetery, crematory or		N — City or Town, State					
4 Donation & Other (Specify)	other place)	anor Memorial	Pk. Elkt						
21. SIGNATURE OF FUHERIAL PRIVICE CENSES		22. NAME AND ADDRESS OF FACI Crouch Fune	LITY Home						
1/1/2/1/20		127 S. Main		East, MD 2190					
23. Spil 1. Enter the diseases, or complications to	het ceussd the deeth. Do not			y arrest, Approximsta					
shock, or heart fallure. List only one of IMMEDIATE CAUSE (Final				Interval Between Onset and Death					
disease or condition	psiimad 1	mounneut	e carin	1 0 10 0 11 10 00 0 1					
resulting in death) e. DUE	TO (OR AS A CONSEQUENCE OF):	neumorgsii	5 COU 1717	pregunovire					
- Am	wind im	munadifi	cipano.	SWE.					
disease or condition resulting in death) Out to (or as a consequence of): Sequentially list conditions, of any leading to immediate of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the p									
If any, leeding to immediate ceuse. Enter UNDERLYING	,		/	1 1yea					
CAUSE (Disease or injury that initiated events	TO (OR AS A CONSEQUENCE OF):								
resulting in deeth) LAST	,								
Sequentielly list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in deeth) LAST									
	to deeth but not resulting in	the underlying ceuse given in P							
3			PERFORMED	COMPLETION OF CAUSE					
PART II. Other significant conditions contributing			1 □ YES 2 □ N	OF DEATH)					
2			-	1 PYES 2 NO					
Z 25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH (Chec	ok onte one)						
EXAMINER? HOSPITAL:		THER:							
27. MANNER OF DEATH 28s. DATE		□ Nursing Home 6 □ Residence 6							
	OF INJURY D. Day; Year) 26b. TIME (28d. DEŞCRIBE HOW INJUR	Y OCCURED					
2 Accident Investigation 3 Suicide & Could set be 28e. PLAC	E OF INJURY At home, ferm, stre	et, factory, office	281. LOCATION (Street and No	umber or Rural Route Number.					
Suicide 6 Could not be building detarmined	ng, atc. (Specify)		City or Town, State)						
29a. CERTIFIER									
4 Homiciae 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beals of		in the time, data and place, and due to							
8	9								
29b. SIGNATURE AND TITLE OF CERTIFIER	40.0 1	29c. LICENSE NUM	29d	DATE SIGNED (Month, Day, Wear)					
a morria of x	we /	10 1228	13	1125 190					
30. NAME AND ADDRESS OF PERSON WHO COMPLETED C	AUSE OF DEATH (ITEM 27) (Type, P	m	Pa: 1+	n m 1					
31. DATE FILED (Month, Day, Year) 32. REGIST	1111 1111	111 2		77 11.73					
	TRAR'S SIGNATURE								
	TRAN'S SIGNATURE								

10 +1VA gratis



Robustiano J.

31. DATE FILEO (Month, Day, 1697)
AUG 0 6 1990

1 - STATE REGISTRAR						HEALTH AND	MENTAL HYGIE REG. NO		91	0 21	99			
1. DECEDENT'S NAME (F	Edwar	d Willi	am Co	sman			2. DATE OF DEATH	זיי	90	3. TIME OF DE				
4. SOCIAL SECURITY NU 077-09-9 90. FACILITY NAME (# no	960	1 M 2 🗆 F	AGE (In yrs. last	YRS. MO	UNDER 1 YEAR	F UNDER 24 HRS. HOURS MIN. OR LOCATION OF			New	York	Foreign			
	tional	Highway		90	LaVa	Tit - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco - Francisco -	DEATH	1	llegany					
W. VA.	10b. COUNTY				own or Local					10d. INSIDE CITY LIMITS? 1 YES 2 T NO				
RD #2,		1			10	26753		10g. CIT		HAT COUNTRY	?			
TO BE STREET AND NUMBER BY 100. STREET AND NUMBER BY 100. STREET AND NUMBER BY 11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 D		12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	AED O	13. WAS DE	cendent of HISP sector Cuben, Mexi 3 2 NO Spec	ANIC ORIGIN? (Specify Y can, Puerto Rican, etc.) cify:	es or No—	Specifi	- American in White, etc.	dian,			
	ECEDENT'S EDUC only highest grade ((0-12)		(Gh	ne kind of work Do NOT use re	done during metred.)	ost of working	16b. KIND OF B	usiness/ini						
m Edward	Henry	Cosman				18. MOTHER'S	NAME (First, Middle, Meide Sie Fost	n Sumame)						
Elizabet	h A. C		RI	D # 2	, Box	511,		. W. T	VA 20					
4 Donation 5 Ot	Elizabeth A. Cosman RD # 2, Box 511, Ridgeley, W.VA 26753 20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Cremation 5 Other (Specify) Cremation 5 Other (Specify) Cremation 5 Other (Specify) Cremation 5 Other (Specify) Cremation 5 Other (Specify) Cremation 5 Other (Specify) Cremation 5 Other (Specify) Cremation 5 Other (Specify) Cremation 5 Other (Specify) Cremation 5 Other (Specify) Cremation 5 Other (Specify) Cremation 5 Other (Specify) Cremation 5 Other (Specify) Cremation 5 Other (Specify) Cremation 5 Other (Specify) Cremation 5 Other (Specify) Cremation 5 Other (Specify) Cremation 5 Other (Specify) Cremation 5 Other (Specify) Cremation 5 Other (Specify) Cremation 5 Other (Specify) Cremation 5 Other (Specify) Cremation 5 Other (Specify) Cremation 5 Other (Specify) Cremation 5 Other (Specify) Cremation 5 Other (Specify) Cremation 5 Other (Specify) Cremation 5 Other (Specify) Cremation 5 Other (Specify) Cremation 5 Other (Specify) Cremation 5 Other (Specify) Cremation 5 Other (Specify) Cremation 5 Other (Specify) Cremation 5 Other (Specify) Cremation 5 Other (Specify) Cremation 5 Other (Specify) Cremation 5 Other (Specify) Cremation 5 Other (Specify) Cremation 5 Other (Specify) Cremation 5 Other (Specify) Cremation 5 Other (Specify) Cremation 5 Other (Specify) Cremation 5 Other (Specify) Crematical 5 Other (Specify) Crematical 5 Other (Specify) Crematical 5 Other (Specify) Crematical 5 Other (Specify) Crematical 5 Other (Specify) Crematical 5 Other (Specify) Crematical 5 Other (Specify) Crematical 5 Other (Specify) Crematical 5 Other (Specify) Crematical 5 Other (Specify) Crematical 5 Other (Specify) Crematical 5 Other (Specify) Crematical 5 Other (Specify) Crematical 5 Other (Specify) Crematical 5 Other (Specify) Crema													
21. SIGNATURE OF FUNC	HAL SHERVICE LIC	State	7,0	Fr	Hafe	r Chap	el of the	Hil	lls	2150:				
23. PART I. Enter the shock, o IMMEDIATE CAUSE (disease or condition resulting in death)	' heart fellure. I Final	List only one cause	bn each line.		enter tha m	Discla	uch as cardiec or res	piratory er	rrest,	Approxi				
if any, leeding to impose cause. Enter UNDER CAUSE (Disease or in that initiated events	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury													
PART II. Other aignit	Aotre Stenomi									OR TO OF CAUSE				
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)													
2 Accident	1 Netural 6 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office city or Town State)													
Tonton only	200						lue to the cause(a) and n) and manner a	e stated.			
29b. SIGNATURE AND TI	11 -	ling	2			29c, LICENSE N	65	29d. DA	TE SIGNED	(Month, Day, Ye	er)			

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Memorial Hosp. Medical Bldg. Barrera, M.D. Cumberland, MD 21502

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within America after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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(3-14-90 cm										UE	21991
	FOR STATE REGISTRAR	STATE OF N	MARYLAND /				EALTH AND I	MENTAL	HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE O	F DEATN		3.	TIME OF DEATH
		CLLEN			•	- ×		Jul.	DA	30	990	12:00 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	A feet at a A		RIPP			-			
					IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.		Day, Year)		Country)	ICE (State or Foreign
	218 12 5848	1 🗆 💢 💢 F	66	YRS.					<u>-1924</u>		MD	
	9a. FACILITY NAME (If not institution, give str	eet and number)					R LOCATION OF DE	ATN		9c. COUNT	TY OF DEAT	Н
8	Memorial Hospital			Cumberland Allega						egany		
5	RESIDENCE OF DECEDENT											
DIRECTOR	10a. STATE 10b. COUNTY			10c. CITY, TOWN OR LOCATION						10	d. INSIDE CITY LIMITS?	
	MD Allega	nv		Cun	berl	and					X	YES 2 NO
A	10e. STREET AND NUMBER	4				10f.	ZIP CODE			10g. CITIZ	EN OF WHA	T COUNTRY?
FUNERAL	124 Oak Street					2	1502			US	A	
3	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI	MED			ENDENT OF HISPAN			or No—		American Indian,
	1 Never Married Narried	FORCES? 1	YES X N	10			city Cuban, Maxica NO Specifi		ican, atc.)		Black, W Specify:	hite, atc.
BY	3 Wildowed 4 Divorced						X X TO OPECAN				whi	te
COMPLETED	16. DECEDENT'S EDUC		16a. DE0	CEDENT'S	USUAL O	CCUPATIO	N	16b.	KIND OF BUS	SINESS/INDU	STRY	
<u></u>	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5	ille.	Do NOT u	se retired.)	auring mos	at of working					
4	12			usew	i fo			75477	home			
2	17. FATNER'S NAME (First, Middle, Last)			USEW	110		18, MOTHER'S NA	_				
	Conver A Pohin	GEOF	RGE A ROI	RINE!	TTE		Viola I			,		
BE	George A. Bobine	ette ono.				/Charatan	od Number or Rural I			- Davis The	04-1	
2			1 100							WHE - A	J000)	
	Mr. Clifford G. C	rippen_					Cumberl	and,				
	20a. METHOD OF DISPOSITION 10 Burial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State	20b. PLACE (other pla	OF DISPO	SITION (Na	me of cem	netery, crematory or			CATION — C		
			Sunse	t Me					Cumb	erlar	nd, MI)
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE			22.	NAME AN	elli Fun	CILITY	Homo			
	> Clange +	KICO	.n//	,			rland, M					
	23. PART i Enter the diseeses, or co	molications the	yu	oth Do								1. Anneautores
	ahock, or heart feliure. L	ist only one ceu	use on each ilne		not enter	the mot	de of dying, suc	n ma cero	inc or respi	ratory arre	mt,	Approximata interval Between
	IMMEDIATE CAUSE (Final		2.0									Onset and Death
	disease or condition resulting in desth)		OPD									
			(OR AS A CONSEC									
z			ckwickie			10mo						
은	Sequentially list conditions, if any, leading to immediate		(OR AS A CONSEC	OUENCE O	F): J							
3	ceuse. Enter UNDERLYING	C	hesity									
CERTIFICATION	CAUSE (Discess or injury that initiated events	DUE TO	(OR AS A CONSEC	DUENCE O	F):							
E	reaulting in death) LAST		nema	na	_							
뜅												
A	PART ii. Other aignificent conditions	1		eauiting	in the ur	nderlying	ceuse given in	Part i.	24a. WAS AN PERFOR			ERE AUTOPSY FINDINGS WILABLE PRIOR TO
8	hypothy	1014182	~		_			[1 - YES 2	NO		OMPLETION OF CAUSE F DEATH?
												YES 2 NO
3			-					_				0 131/1 0 111/
A	25. WAS CASE REFERRED TO MEDICAL					28. PI	ACE OF DEATH (Ch	ack only on	e)			
PHYSICIAN: MEDICAL	EXAMINER?	HOSPITAL:	7		OTHE	R:						
≥	1 TYES 2 THO 27. MANNER OF DEATH	28s. DATE OF	ER/Outpatient 3	28b. TIR			e 5 🗆 Residence	_	7 · F · · · · · · · · · · · ·	N HIMY OCC	11050	
å	1 Natural 5 Pending	(Month, C	Dags, Mosey	IN	JURY		RK?	28G. DES	CRIBE HOW I	NJUNT OCC	URED	
BY	2 Accident Investigation		0			1 🗆 1						
	3 Suicide 6 Could not be	building	of INJURY - At ho	me, ferm,	atreet, faci	tory, office	•		ATION (Street or Town, State)		or Rural Rou	te Number,
E	4 Nomicide determined											
7	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	DAN: Ty the best o	knowledge, de	ath occur	red at the t	time, data	and place, and due	to the cau	se(a) and ma	nner as state	rd.	
COMPLETED	one) 2 MEDICAL EXAMINE	/ /										nd manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIED	1/					29c. LICENSE NU	MRFR		294 DATE	SIGNED /4	onth, Day, Year)
BE	The or central	//								290. DATE	1/2 4	C X
2	1/4		ISE OF DEATH (ITE				D 36	766			7 24	10

Cumberland?

21502

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Dr. Poonai

31. DATE FILED (Month, Day, AUG 0

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

955

5 Frederick Street
33. REGISTRAR'S SIGNATURE
Folia Davidson Pandall

girt in

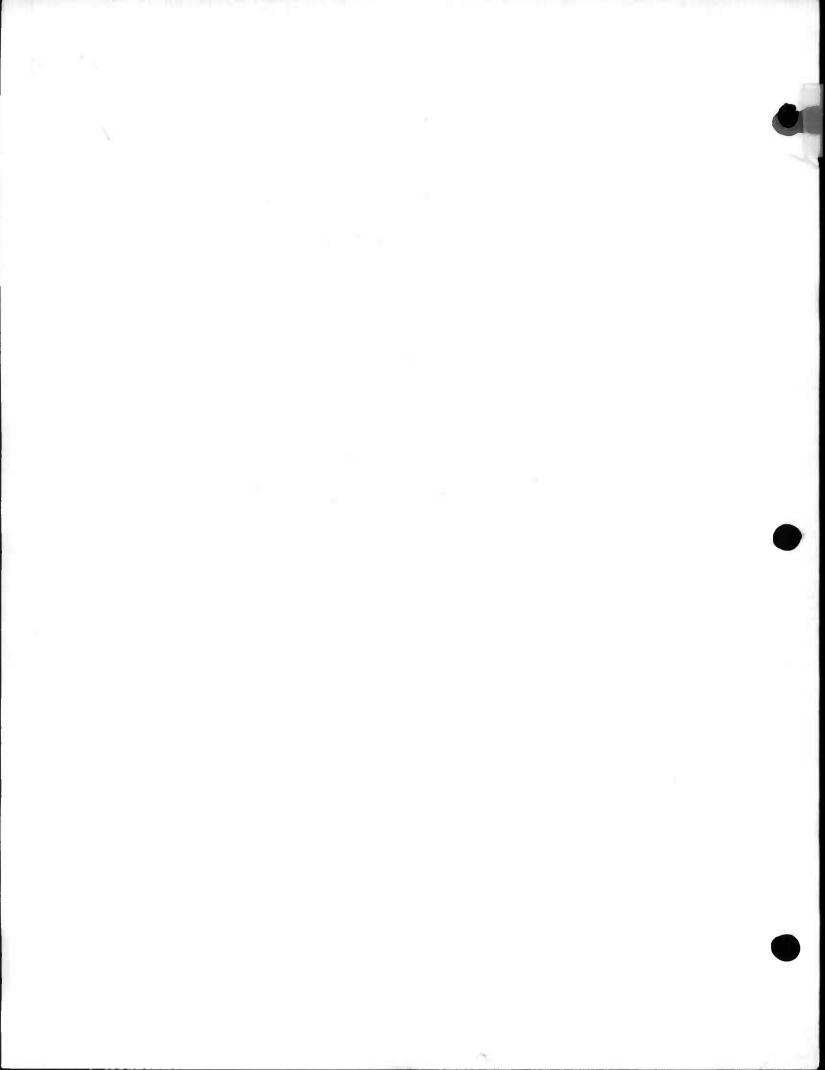
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

		FOR	
1	-	STATE REGISTE	RAF
1.	. 0	ECEOENT'S	N/

GS/07/10 BR. HALLICK, GALER ADM IN 79% RRS1090921998 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	ICATE OF	DEATH	REG. NO					
1. OECEOENT'S NAME (First, Middle, Last)			DATE OF DEATH	AY.	VEAR.	3. TIME OF DEATH		
JAMES E. DISMUK	e sr			1990	* SAIT	820A"		
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday)	IF UNDER † YEAR	IF UNDER 24 HRS. 7	Month, Day Year)		8. BIRTH	PLACE (State or Foreign		
5 78054834 1 DAT 2 OF 79 YRS.	MONTHS DAYS	HOURS MIN.	8-07-	10		ryland		
Su bured and fumber) Su bured and fumber to spiral tale	96. CITY, TOWN O	RESDA	OF OEATH OF OEATH OF OEATH OF OEATH OF OEATH OF OEATH					
RESIDENCE OF DECEDENT 10a. STATE Maryland Montgomery C	Y, TOWN OR LOCATI	ION				10d. INSIDE CITY		
Maryland Montgomery C	hevy Chas		1 U YES 2 NO					
100. STREET AND NUMBER		ZIP CODE	10g. CITIZEN OF WHAT COUNTRY?					
10e. STREET AND NUMBER 3709 Stewart Driveway 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES7 1 YES 2 NO	2	20815	United States					
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES	If yes, spe	ENOENT OF HISPANIC acity Cuban, Mexican, 2 X NO Specify:		e or No	14. RACI Black Spec	E — American Indian, k, White, atc. #//: White		
15. DECEDENT'S EDUCATION 16a. DECEDENT'S (Specify only highest grade completed) (Give kind of	S USUAL OCCUPATIO work done during mos use retired.)	ON st of working	16b. KINO OF BU	ISINESS/IN	OUSTRY			
Elementary/Secondary (0-12) Coffege (1-4 or 5+)				_				
4 Mechani	cal Engi		Machine		esig	n		
17. FATHER'S NAME (First, Middle, Last)			(First, Middle, Maider	Surname)				
Edward C. Dismuke	The second second	Lucy Hat						
		nd Number or Rural Roo Drwy., Ch				815		
F I Trma A Diemuke 3700				CATION -				
	1 [X Buriel 2 Crametian 2 Removed from State Office (inch)							
20a. METHOD OF DISPOSITION 20b. PLACE OF DISPO	E1 10 1 CO 1 CO 1	ery	Brei	ntwoo	d, Ma	ryland		
20a. METHOD OF DISPOSITION 1 [X Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ln Cemete 22. NAME AN Robert Beth	A Pumph esda-Chev	rey Funer	ral H	ome/			
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FOR STATE

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CER	TIFIC	ATE OF	DEATH	R	EG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)		× :		8		2. DATE OF I	DEATH		3. TIME OF DEATH	
John D. Pu	itprush, Sr					MONTH	23-	97	845 AM	
4. SOCIAL SECURITY NUMBER		GE (in yrs. last birt	hdev) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E	BIRTH	6. BIRTH	PLACE (State or Foreign	
This was a set the set	1 1 2 1 F			NTHS DAYS	HOURS MIN.	(Month, Pa	y, Year) /	Country	sylvania	
166-16-8368		00				12/2			-	
9a. FACILITY NAME (If not institution, give s			96	. CITY, TOWN	OR LOCATION OF DE	ATH /		OUNTY OF DE		
Suburban Hospit	al		- (Beth	esda		M	ontgor	mery	
RESIDENCE OF DECEDENT										
10a, STATE 10b. COUNTY	f	10	ic. CITY, T	OWN OR LOCA					10d. INSIDE CITY LIMITS?	
Maryland Mont	gomery								1 TES 2 NO	
10e. STREET AND NUMBER							10g.	10g. CITIZEN OF WHAT COUNTRY?		
7010 Exfair Roa	ad				20814		IIr	ited (States	
11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMEN	,	13 WAS DE	CENDENT OF HISPAN	IIC ORIGIN? (S			- American Indien.	
1 Never Married 2 X Married	12. WAS DECEDENT EV FORCES? 1 X	YES 2 NO		If yea, s	pecify Cuban, Mexica	n, Puerto Ricer		Black	, White, atc.	
3 Widowed 4 Divorced	IF YES, GIVE WAR O			1 U YE	S 2 NO Specify	r:		Specif	White	
15. DECEDENT'S EDU			ENT'S HO	JAL OCCUPAT	ION	465 WIN	ID OF BUSINESS	UNDUCTOV		
(Specify only highest grade		(Give k	ind of work	done during m	ost of working	100. KJR	ID OF BUSINESS	INDUSTRY		
Elementary/Secondery (0-12)	College (1-4 or 5+)		ogra			Dof	ense Ma	nnina	Agency	
	2	Cart	ogra	pher					Agency	
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA		le, Meiden Surnam	e)		
Nicholas J. Put	prush				Mary 1	Lengel				
19a. INFORMANT'S NAME (Type/Print)		19b. M.	AILING AD	DRESS (Street	and Number or Rural I	Route Number, (City or Town, State,	Zip Code)		
M. Carter Putprus	sh	701	0 Ex	fair R	load, Bet	nesda,	Maryla	nd 20	814	
20a, METHOD OF DISPOSITION		20h PLACE OF I	NSPOSITION	ON (Name of or	ametery, crematory or		20c. LOCATION	- City or Tor	wn State	
1 X Burial 2 Cremation 3 Rem	oval from Stata	other place)								
4 Donation 5 Other (Specify)		Gate of	неа	ven Ce	metery		Silver	Sprin	ng, Maryland	
21. SIGNATURE OF FUNERAL SERVICE LIC	D			Rober	t A Pum	ohrey.	Funeral	Home/	/	
Kahury	Forman	M0019	8	l _ Bet	hesda-Chi	evy Ch.	ase, In	C.	20814-3501	
23. PART I. Entar the diseases, or	complications that on	used the death	Do not							
shock, or heart fallure.			. Do not	anter tra m	oda or dying, suc	n as cardiac	or respiratory	arrest,	Approximata Intarvai Between	
IMMEDIATE CAUSE (Final									Onset and Daath	
disease or condition reaulting in death)		~100	ARI	IIR	LAEA	ACTI	dN		1/1/48	
	DUE TO (OR	AS A CONSEQUE	NCE OF):							
	b. A.	LTERIOS	3 < 1 !	aroke o	5				(larg	
Sequantially list conditions, if any, leading to immadiate	DUE TO (OR	AS A CONSEQUE	NCE OF):							
cause. Entar UNDERLYING	H	1 PHATE	ws 4 /6	LAS					lesis	
CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEQUE	NCE OF):					Vea		
resulting in death) LAST	4	4 Posci	A	- Pro-1 -	-					
	d	che met	1 4 (6)	77 100	F104				1,000	
PART II. Other significant condition	na contributing to das	th but not resu	iting in t	ha undarlyli	ng cause given in	Part I. 24	n. WAS AN AUTOF	SY 24b.	WERE AUTOPSY FINDINGS	
							PERFORMED?	^	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
						11	YES 2 HA	'	OF DEATH?	
						_		1	1 TYES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?					PLACE OF DEATH (Ch	eck only one)				
1 TES 2 NO	HOSPITAL: 1 Inpatient 2 ER	/Outpetient 3 🗗		THER:	me 5 🗆 Residence	6 Other (S	pecify)			
27. MANNED OF DEATH	26s. DATE OF INJ		Bb. TIME C	F 28c. IN	IJURY AT		BE HOW INJURY	OCCURED		
1 Netural 5 Pending	(Month, Day, Y	bar)	INJUR		ORK? YES 2 NO	1171				
2 Accident Investigation	28e. PLACE OF IN	IIIBY Al home	form etm			284 LOCATIO	ON (Street and Nui	mbar as Rumi f	Pareta Membas	
3 Suicide S Could not be 4 Homicide determined	building, aic.	(Specify)	territ, aut	at, tactory, on	ie i		own, State)	nuer or nurai r	TODIO NUMBER,	
294. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my	knowledge, death	occurred (nt the Jime, da	la and piece, and due	to the cause(e) and manner as	stated.		
one) 2 MEDICAL EXAMINI	ER: On the basis of exami	nation and/or inve	stigation,	n my opinion,	death occured at the	Ilme, data and	d place, and dua	to the cause(s) and manner as stated.	
29b. SIGNATURE AND TITLE OF CERTIFIE	D 0				I as a traction will	4050	1004	2475 0101150	40-4 0- V-1	
Rafile M	Cran	Nus			29c. LICENSE NUI	191	29d.	7 /2	(Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUSE O	F DEATH (ITEM 2) (Type, Pr		1 15	,	0	-/-	MO	
KASPH <	COAM 1	W - 1	180	UE	· UU IT	NY, O.	37/11	LS'DM	1 206166	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	211119-55			1				
JUL 27 '90	gula	Davidson	andel	20						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 12 hours are than 1, Page 6 may be retained by the hospital or attending physician, and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Proce to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal. 12+1

DIVISION OF VITAL RECORDS,

1000

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE BEGIST STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO.

CARRIAGE HIL	13/	SEX	6. AGE (In yrs.	forms bloth down					2. DATE OF DEATH DAY YEAR July 23,1990				6:00 F	
e. FACILITY NAME (If not institute CARRIAGE HII.		TYM 2 DE		max Dirthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BI	RTN	1	8. BIRTN	PLACE (State or Foreign	
CARRIAGE HIL	ion, give street	42-07-5991 1XXM 2 □ F		88 YRS.		DAYS HOURS MIN.		Jan. 13, 19		902 Maryland				
DESIDENCE OF DECED	9a. FACILITY NAME (If not institution, give street and number)						9b. CITY, TOWN OR LOCATION OF DEATN					9c. COUNTY OF DEATH		
Da. STATE 101		HESDA			BET	THES	DA				MON	TGOM	ERY	
Maryland M	. COUNTY			10c. CIT	Y. TOWN	OR LOCA	TION		-				10d. INSIDE CITY	
Maryland Montgomery					Kensington					1 VES XX NO				
100. STREET AND NUMBER 11101 Waycross Way						101. ZIP CODE 20895					10g. CITIZEN OF WNAT COUNTRY? U.S.A.			
11. MARITAL STATUS 1 Never Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IF FORCES? XX YES IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES, GIVE WAR OR IF YES,				2 NO DATES			13. WAS DECENDENT OF NISPANIC OF If yea, specify Cuban, Maxican, Pur 1 YES XX NO Specify:			ari, etc.) Black, White, etc. Specify:		, White, etc.		
15. DECEDE	NT'S EDUCATION	ON	WWII	DECEDENT'S	USUAL C	CCUPATI	ON		16b. KIND	OF BUSI	NESS/IND	USTRY	WILLCE	
(Specify only hig Elementary/Secondary (0-12)		ollege (1-4 or 5	+)	(Give kind of life. Do NOT u	work done se retired.)	during me	ost of workin	9						
THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RE		2	R	eal Es	state	Br						Real	Estate	
FATNER'S NAME (First, Middle, Leat)									ME (First, Middle, Malden Surname)					
Joseph S.				Dunn Elizabeth								Stei	nick	
Nan B. Dunn	erint)								Route Number Cl			,	d 20895	
X Burial 2 ☐ Cremetion 3 ☐ Removal from State				Druid Ridge Cemetery										
M. SIGNATURE OF FUNERAL SERVICE LICENSEE				-			FAND ADDRESS OF FACILITY bent A. Pumphrey Futhesda-Chevy Chase, anue, Bethesda, Mary				kesville, Maryland uneral Home Inc., 7557 Wiscon			
3. PART I. Enter the diese shock, or heart MMEDIATE CAUSE (Final issess or condition saulting in death)	sea, or com fallure. List	only one car	t caused the use on each i	ine.	not anta	r the mo	ode of dyl	ng, auc	ch as cardiac o	or respira	ntory arr	reat,	Approximate interval Batw Onset and Do	
equantially list conditions any, leading to immediat suse. Enter UNDERLYING AUSE (Disease or Injury	8	Par	(OR AS A CON Kinson (OR AS A CON	's Dis	sease	2							years	
hat initiated eventa equiting in death) LAST	d	DUE TO	(OR AS A CON	SEQUENCE O	OF):									
PART II. Other algnificant conditions contributing to death but not resu					ng in tha underlying cause given in				t I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 X NO		24b.	24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO		
WAS CASE REFERRED TO M	EDICAL													
EXAMINER? 1 YES 2 X NO							26. PLACE OF OEATN (Check only one) ITHER: Nursing Nome 5 Residence 6 Other (Specify)							
MANNER OF DEATN 1 Netural 5 Pen		28a. DATE OF INJURY (Month, Day, Year)		28b. TIN		OF 28c. INJURY AT WORK?			28d. DESCRIBE NOW INJURY OCCURED					
2 Accident Investigation 3 Suicide 6 Could not be detarmined 28e. PLACE OF INJU building, etc. (S			OF INJURY — All etc. (Specify)	URY — At home, farm, street, Specify)						28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
anal									to the cause(s)) and manner as state	
296. SIGNATURE AND TITLE OF CERTIFIER						29c. LICENSE NUMBER					29d. DATE SIGNED (Month, Day, Year)			
Su NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (TO					Priori)	D11888				▶July 24, 1990			
Russell M. Ti						chu	setts	Ave	e., NW	Washi	ingto	on,	DC 20016	